

Destined Traveler Medical Information Form

The below Medical information form is strictly confidential and to be handled only by our professional staff. Please fill this form out completely and as accurately as possible. If you have any medical condition please fully disclose any risks or medications involved.

Name: _____

Date: _____

Do you have any of the following conditions?

Diabetes

Seizures

Heart Condition

Hepatitis

Low Blood Sugar

HIV/AIDS

Blood born disease

Other: _____

Physical limitations

Mental Illness (including depression)

If you checked any of the above items please explain:

Are you currently addicted to or recovering from substance abuse? If so, explain:

What medications are you currently taking?

Acknowledgment:

I understand Destined Traveler's Thailand trips take participants on several activities which may include but are not limited to hiking, swimming, white water rafting, jungle treks, work projects and extended walking. If you feel that you are not medically able to participate in any activity please include that on this form.

Signature of Applicant: _____ Date: _____

Parent Signature: (If under 18 yrs. Of age) _____ Date: _____