

Dear Travellers,

Thank you again for your recent booking!

You are receiving this form because you will either be age 65 or older at the time of travel, and/or you have booked a tour that requires a medical self-assessment form from all participants. This document replaces our long-standing form on which we required a physician's signature.

Please print, read, complete, and submit this form by regular mail, fax, or scan-and-email no earlier than 6 months prior to your trip start date (it will take 10-15 minutes). There is value, however, in reviewing this document prior to that so that you are fully familiar with the nature of your chosen trip and willing to attest to your suitability for it. This form is also available in an online fillable format; if you would like to receive this by email, please contact us.

Please note that this form is mandatory and must be completed no later than 90 days prior to trip start date

We thank you for your kind attention to this matter, and wish you a safe and pleasant journey!

Adventures Abroad
Staff & Management



MEDICAL QUESTIONNAIRE

You will need about 15 minutes to read and complete this form. This form was appended to your file because you and/or your tour falls under the following category/ies:

- You will be age 65 or over at time of travel
- You are participating in an 'Activity Tour'
- You are booked on a tour that travels to high altitude

The overall purpose of this form is to compel travellers who fall into any of the above categories, to pause and carefully consider their participation based on your personal health situation as it relates to your chosen trip. Of course this exercise cannot replace expert medical advice as provided by a medical practitioner who is familiar with your physical and mental condition. As such, we do not ask for a detailed medical history, but rather put the onus on you to take ownership of your physical self and take full responsibility for your decision to travel. If you deem it prudent to provide any additional specifics, you will have the opportunity to do so on the final page prior to submission of this form, or by email at any time during the lead-up to your tour.

The completion of this form is mandatory and will indicate your full understanding of the nature of your journey, your physical and mental suitability, and your acceptance of our policies pertaining thereto. We require the form be completed at the time of booking, or as soon as possible, but no more than 6 months prior to trip start date. If your health situation should change after its completion, we will require that you update us with any such changes. The deadline for submission is 90 days prior to trip start date; in the event that you have made a booking with Adventures Abroad and subsequently are unable or refuse to complete this form for any reason by the 90-day deadline, Adventures Abroad reserves the right to consider your booking cancelled as of that day and applicable cancellation penalties will apply.

We keep any medical information provided confidential, and would only ever share this information in a medical emergency. This information will be stored and purged 6 months after your return.

Please be honest with us and yourself; this process is meant to protect you.



GENERAL - ALL TOURS

In assessing your suitability for this journey, we ask that you bear in mind the following general guidelines for all of our tours:

LUGGAGE

While baggage handling is included on our tours, porters may NOT be available at all hotels or at some destinations entirely. Tours with internal flights or train journeys also require that the traveller be independent with his/her baggage at airports and stations and elsewhere. It is important that you pack according to your abilities and within any restrictions imposed and/or per any advice provided in your pre-trip notes.

WALKING

Most tours involve visits of sites, museums, towns/cities etc that require steadiness on one's feet and the ability to walk/stand for 3-4 hours at a time, indoors and outdoors, in all weather conditions. Some surfaces are uneven (ie cobblestones), and some sites are large, feature slopes or stairs, and the possibility of heat. Evening meals may also require the traveller to walk 3-5 blocks to the group restaurant. If you rely on walking aids--cane, walker, crutches--our trips are likely not for you.

REMOTE LOCATIONS & TRAVEL CONDITIONS

The proximity and availability of medical care may be a consideration for itineraries that visit remote locations. Clients with "risk factors" that could require easily-accessed modern medical facilities should carefully consider the risks. Some trips -Ethiopia, West Africa, the Himalaya, Mongolia, etc-- feature long journeys on poor roads in vehicles not equipped with toilets (rest stops every +/- 2 hours). Many tours also occur in tropical zones where heat and humidity can be draining and exacerbate fatigue as the tour progresses.

HIGH ALTITUDE

We recommend that you carefully consider your suitability if your tour includes overnight locations at elevations in excess of 3000 m/10,000 ft (if unsure, any days that travel to points above these levels will be annotated as such in your tour itinerary). Participants with pre-existing medical conditions (pulmonary, respiratory, gastrointestinal, etc) that respond to altitude should carefully consider their suitability (altitudes below 3000 m/10,000 ft can also affect you). Travellers are encouraged to review the tips for travel at high altitude listed in their pre-trip notes and to discuss any possible complications and preparatory measures with their physician.

ACTIVITY TOURS

Tour codes with an "X" (ie "XAD") require a medical form from all travellers regardless of age. These tours are considerably more strenuous than our "cultural" tours and feature walks/hikes on undulating and uneven pathways for 3-7 hours at a leisurely pace. Participants should be fit and active and accustomed to trail walking, possibly in remote locations, and be prepared to engage in a conditioning regimen prior to the trip. Altitude may also be a factor on some tours (though none of our hiking tours currently occur above 3000m/10,000 ft).



DECLARATION

If you have any specific health conditions, medications, or concerns that you think we should know about in advance, you may enter it into the box below.

Please read the following entries and mark the box with a " ✓ " for each prior to submitting your form:

- I attest that I am in good general health and capable of performing normal activities on this tour. I further attest that I am capable of caring for myself during the duration, and that I will not impede the progress of the trip or the enjoyment of others. I understand that this journey could take me far from the nearest medical facility and that all group members must be self-sufficient.
- Pursuant to the above, I certify that I have not recently been treated for, nor am I aware of, any physical or other condition or disability that would create a hazard to myself or other members of the tour. I agree that should there be any change to the information I have provided or to my physical or medical condition that I will notify Adventures Abroad and provide an up-to-date assessment.
- I understand the importance of purchasing travel insurance that would protect and assist in the event of a medical emergency and the subsequent interruption of my tour and repatriation to my country of residence. While I know that Adventures Abroad will do everything it can to manage and assist in an emergency, I understand and accept that any costs associated therewith will be borne by me, the passenger. Should Adventures Abroad and its staff and/or associates deem it necessary to remove me from the tour for my safety and/or the well-being of other group members, I shall bear all responsibility for any associated costs and accept that no further compensation will be forthcoming.

Tour Code: _____ Trip Date (D/M/Y): _____

I [PRINT YOUR NAME] _____ declare to the best of my ability that the above is my true and honest personal assessment of my suitability for my chosen tour and my acceptance of the above outlined terms and conditions.

Signature: _____ Date (D/M/Y): _____

SUBMISSION OF THE SELF-ASSESSMENT MEDICAL QUESTIONNAIRE

Please complete the DECLARATION page and return just the declaration page by:

Email: consulting@adventures-abroad.com or

Fax: 604-303-1076 or

Mail to: Adventures Abroad
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Richmond, BC V6V 2W3
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