

# Participant's medical form



Bundu Bashers Pty Ltd trading as Self Drive Adventures  
[info@selfdriveadventures.com](mailto:info@selfdriveadventures.com) | +61 (0)2 4786 0222

The travel routes on a Self Drive Adventure may take you to remote areas of the countries on your tour where limited or no sophisticated medical facilities exist within two to 3 days driving. If a medical emergency situation should arise we need to be armed with the necessary information about you to pass on to emergency personnel so they can help you.

## GENERAL INFORMATION – Please complete all fields

Name: \_\_\_\_\_

Departure Date: \_\_\_\_\_

## CONFIDENTIAL MEDICAL INFORMATION – Please complete all fields and circle or tick answer. You may decline to answer any question if you decide it does not affect the level of risk to you.

1. During the last 5 years, have you suffered any significant illness or surgery? ----- Yes No  
If YES, please indicate reason:

### 2. Have you ever had any of the following: Please circle or specify condition

- a) Tuberculosis, chronic bronchitis, emphysema or any other lung problems? ----- Yes No
- b) Asthma effects my everyday activities and/or I use medication or an inhaler regularly ----- Yes No
- c) High blood pressure, heart or respiratory problems, or rheumatic fever? ----- Yes No
- d) Gout or arthritis or any back, leg or foot problems? ----- Yes No
- e) Gastric or duodenal ulcer, colitis or intestinal trouble? ----- Yes No
- f) Epilepsy or fits of any kind? ----- Yes No
- g) Depression, anxiety or mental disorder? ----- Yes No
- h) Prostate Kidney or bladder disease? ----- Yes No
- i) Diabetes, cancer or tumour of any kind? ----- Yes No

3. Do you have any physical limitations, handicaps or prosthesis? Do you have difficulty walking or use a device for mobility assistance such as crutches, cane? ----- Yes No  
If YES, please specify:

4. Do you take medication or drugs related to a pre-existing medical condition? ----- Yes No  
If YES, please specify:

5. Do you have any allergies, or reactions to any medication or drugs? ----- Yes No  
If YES, please specify:

6. Are you pregnant? ----- Yes No  
If YES, how many weeks pregnant will you be at the time of travel? \_\_\_\_\_ weeks

7. Are you affected by any other pre-existing medical conditions not listed above? ----- Yes No  
If YES, please specify:

# Participant's medical form



Bundu Bashers Pty Ltd trading as Self Drive Adventures  
[info@selfdriveadventures.com](mailto:info@selfdriveadventures.com) | +61 (0)2 4786 0222

This section must be fully completed, please DO NOT OMIT any of the following details

Date of birth: \_\_\_\_\_

Blood type (if unknown indicate unknown): \_\_\_\_\_

Height: \_\_\_\_\_ centimetres

Weight: \_\_\_\_\_ kilograms

Insurance Provider: \_\_\_\_\_

My insurance covers me for medical evacuation which is compulsory for this trip: Circle answer ----- Yes                      No

Insurance contact phone: \_\_\_\_\_

Insurance policy number: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

Sophisticated medical facilities are unlikely to be available in the remote parts of the countries we visit, we ask you to complete this confidential medical report so that all due care may be provided. Self Drive Adventures are intended for persons in reasonably good health. If you are not fit for long demanding trips for any reason, including disability, heart or other health conditions, you are advised not to join the tour, which could entail an unreasonable risk to your health. Should any such condition become apparent, or should you not acquire adequate medical evacuation insurance, Bundu Bashers Pty Ltd reserves the right to decline you as a participant.

Due to the remote travel involved we would like you to let us know in advance if you are willing to accept first aid from our support team or other members of the group to the best of their ability in the case of an emergency when other local first aid may not be available or may take a long time to arrive.

I am willing to accept first aid: Circle answer                      Yes                      No

I (Your Name) ..... attest 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 tour. I understand that this tour may take me far from the nearest medical facility and that all participants must be self sufficient. With that understanding, I certify that I have not been recently treated for, nor am I aware of, any physical or other condition or disability that would create a hazard to me or other members of the tour.

I declare the answers to the above questions are true and complete. I agree to this information being made available to medical professionals and Bundu Bashers Pty Ltd t/a Self Drive Adventures and its employees.

\_\_\_\_\_  
*Passengers signature*

\_\_\_\_\_  
*Date*

Please return this form by e-mail to [info@selfdriveadventures.com](mailto:info@selfdriveadventures.com)

***NOTE: This information will be handed to the medical team should you require treatment.***