Free Spirit Adventures **Medical Form**

The following information is required to assist us with our duty of care in the event of an unforeseen emergency. Please complete all details and return to the Free Spirit Adventures prior to your trip.

All personal details will be kept strictly confidential.

First Name: ______________________ **Surname:** ____________________________________

Birth date: _______ Gender: _________ TELEPHONE:______________w_______________h

Address: ____ Postcode: __________

Medicare Number: _________________________Do you have private health cover? YES / NO

Do you have Ambulance cover? YES / NO

Your family doctors name: ______________________________ Contact number: ___________

Person to contact in an emergency: ____________________ Relation: __________________

Contact Numbers: (H) __________________________ (W) ______________________________

Do you have, or have you had any of the following... (Please indicate with Y or N)

[ ] Fainting spells or dizziness	[ ] Loss of consciousness
[ ] Heart Disease or heart attack or angina	[ ] Chronic or frequent cough
[ ] Stomach trouble requiring Doctor or ulcers	[ ] Anemia or Haemophilia
[ ] Appendicitis	[ ] Skin disease
[ ] Concussion or head injury	[ ] Arthritis or rheumatism
[ ] Breathing disorder	[ ] Dislocation/s
[ ] Asthma	[ ] Bee / wasp sting reaction
[ ] Diabetes	[ ] Other Allergies
[ ] Epilepsy (Please clarify)	[ ] Ear disorder
When was the last episode?	Other: ____________________________________

If so, when did this occur, what treatment were/are you given and what medication do you require?

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Have you ever been advised to have surgery that has not been carried out?
If yes, please give details. YES / NO

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Are you currently taking any medication? If so what medication is required and please list procedure for administration? YES / NO

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Please tick which of the following fitness factors apply to you

Level of Fitness: Above Average ( ), Average ( ), Below Average ( )
Smoker Yes ( ), No ( ), Quit in last 5yrs ( ), **Weight** Normal ( ), 5-10kgs Over ( ), 10kg+ Over ( )
Current Exercise per week (continuous for 20 mins or more) 3+ ( ), 2-3 ( ), 1-2 ( ) None ( )
Any injuries or limitations that would restrict your ability to participate (eg back, leg, heart, recent illness or surgery etc.) If Yes, please explain?____

Free Spirit Adventures will take all necessary precautions to minimise risk as much as possible during your adventure. However, the participant acknowledges and agrees that all adventures have inherent risks that cannot in all cases be prevented by responsible risk management and therefore takes responsibility for their own safety during the trip. Other than for negligent acts on behalf of the providers, the participant agrees that Free Spirit Adventures and its staff shall not be liable for any loss, damage or injury to the participant or to the participant's property. In the event of a medical emergency the participant gives permission to the provider to arrange, at the participant's cost, any medical treatment or emergency evacuation that may be deemed necessary. The participant is aware of no medical reason why they cannot participate in this adventure.

I____________ ___________(Full Name), Acknowledge that I have read & understood all information on this form and that it is true and correct.

Signature:_____________________ Date: