

**MEDICAL QUESTIONNAIRE**

Our adventure tours are intended for participants in reasonably good health for the sake of their safety and the safety of others. We require that you complete all questions fully and truthfully. The information you provide is important, and potentially critical, in the event of a medical emergency.

We reserve the right to decline to allow your participation on our tour due to medical reasons.

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

**Tour booked:** \_\_\_\_\_

**Dates of tour:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**1. Have you ever had any of the following:**

- |  |     |    |
|--|-----|----|
| a) Tuberculosis, chronic bronchitis, emphysema or any other lung problems  | Yes | No |
| b) Asthma that effects everyday activities and/or use 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 seizures of any kind  | Yes | No |
| g) Kidney or bladder disease   | Yes | No |
| h) Diabetes, cancer or tumor of any kind                                   | Yes | No |

**2. Do you have any physical limitations, disabilities or prosthesis? Do you have difficulty walking or do you use a device for mobility assistance such as a cane or wheelchair?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please specify: \_\_\_\_\_

**3.. Are you affected by any other pre-existing medical conditions not listed above?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please specify: \_\_\_\_\_

**If you indicated “YES” to any of the above questions, you must consult your physician and provide us with a completed Medical Statement at least six (6) weeks prior to your departure date.**

## MEDICAL STATEMENT

I, \_\_\_\_\_ (the "Participant"), hereby agree to the release of the following information by my physician. Where my physician has indicated that I am capable of participating to a limited degree, I understand that it is my responsibility to discuss such limitations with my physician and follow my physician's recommendations. Shejourneys Incorporated is not responsible for monitoring my activities."

*Physician: The Participant is booked on an adventure tour vacation with us that involves physically challenging activities, including those specified below. Your confirmation that the Participant is medically fit for travel and the specified activities is requested.*

**Please check any of the following activities in which the Participant may NOT be able to participate:**

- Occasional periods of walking or hiking on uneven terrain
- Exposure to tropical heat, and humidity
- Water sports such as kayaking, whitewater river rafting, "banana boat" rides, swimming, and/or snorkeling
- Multi-sport activities such as zipline rides, rappelling, mountain biking, and/or ATV rides
- Exposure to cold, wet, and otherwise adverse weather conditions sometimes found in higher altitudes
- Traveling to and hiking at high altitudes of up to 20,000 feet

I, \_\_\_\_\_, have examined or am familiar with the Participant's health and believe him/her to be medically fit for travel and activities of this nature.

\_\_\_\_\_  
**Signature of Examining Physician**

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