



Honeyguide Wildlife Holidays Medical report form

This form is to make it easy to supply information that may affect your participation in a Honeyguide wildlife holiday, and to help us help you.

Please complete and sign the form and return it (by post or scanned and emailed are both fine) to the Honeyguide office.

Please complete all questions fully and truthfully: we rarely refuse anyone a place on a holiday for medical reasons but in the event of a medical problem, the information you give below could be vital for your health and safety. The information is supplied in confidence, but may be shown to a doctor, hospital or medical centre providing help or advice.

If your answers to any of the questions are YES, please give details, e.g. dates of illness, treatment undergone, any recurrence.

1. During the last five years, have you suffered any significant illness, or been in hospital, or needed regular care by a doctor? Examples could include asthma, tuberculosis, chronic bronchitis, emphysema or any other lung complaint; high blood pressure, rheumatic fever heart complaints; gout, arthritis, back, leg or foot trouble; gastric or duodenal ulcer, colitis or intestinal trouble; epilepsy or fits of any kind; depression, anxiety state or mental disorder; kidney or bladder disease.

2. Have you had any other illness, injury, operation or treatment likely to affect your ability to complete your holiday successfully? If so, please note any details

3. Have you had any allergies, or reactions to drugs?

We recommend that that anyone on medication or with a medical allergy (eg antibiotics) takes full details on holiday, written so it can be read by a foreign pharmacist.

4. Do you take any medication regularly? If so, please record them here, including quantities.

5. Have you checked that your holiday insurance takes into account your medical history? Please note anything relevant.

6. Is there any additional information that will help us to help you on the holiday?

I declare that the answers to the above are true and complete and that I expect to be able to complete the holiday without serious problems.

I agree to this information being available to the leader accompanying the party, and if need be to a doctor, hospital or medical centre providing help or advice.

Name:

Signed and date: