



**ASIAN PACIFIC
ADVENTURES**

MEDICAL CERTIFICATE REQUIRED

PART 1: TO BE COMPLETED BY PASSENGER

PASSENGER NAME: _____

TOUR NAME & CODE: _____

YES NO (Please explain any "YES" answers on the reverse side)

- ____ ____ 1. Do you have any significant medical illnesses which have required the regular care of a doctor? Please explain.
- ____ ____ 2. Do you have any allergies or have you had any bad reactions to any drugs. Which ones and what effect?
- ____ ____ 3. Have you been hospitalized in the past 5 years? What for?
- ____ ____ 4. Do you take any medications regularly? Please list them.
- ____ ____ 5. Do you have or have you ever been told by a doctor that you had: epilepsy, diabetes, high blood pressure, asthma or lung cancer, ulcers or stomach trouble, heart disease, any significant foot, leg or back problems, any other diseases or conditions? Please explain.

PART 2: TO BE REVIEWED AND SIGNED BY: ____ PASSENGER (OR) ____ PHYSICIAN

Doctor's signature is required for strenuous, high altitude and/or trips to remote areas. For standard tours, passengers can accept responsibility and sign the forms themselves.

The above named passenger, age____, has been examined by me on _____ and was found to be physically qualified to participate in an Asian Pacific Adventures trip (see itinerary) which may include some or all of the conditions below:

- ____ Light activity (sightseeing at altitudes above 11000 ft)
- ____ Bicycling 1-5 hours a day
- ____ Trips of a 2-4 week duration in remote areas
- ____ Strenuous hiking or biking, averaging 4-6 hours per day of sustained activity, carrying light to heavy loads (not involving any technical climbing)

NOTE:

- Medical facilities on any trip **may not be available**.
- There will be **no trip physician**.

Signature: _____

Print Name & Address: _____

