



**ASIAN PACIFIC
ADVENTURES**

MEDICAL CERTIFICATE REQUIRED

PART 1: TO BE COMPLETED BY THE PASSENGER

PASSENGER NAME: _____

TOUR NAME: _____

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 (require wheelchair), any other diseases or conditions? Please explain.
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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 may 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 with some walking up to an altitude of 11,000 feet
- ____ Hiking or biking for 1-4 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 may not be available in remote areas. There will be no trip physician.

Signature: _____ **Print Name & Address:** _____
