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Health Statement

Nature Tours of Yukon

Please complete and return to Nature Tours of Yukon Inc. together with your Registration Form.
Note: All concerned information is requested only for your safety and well being. It is requested to provide suitable guidance and meals while being on any trip with Nature Tours of Yukon or, in case of eventualities, provide information out of first hand to emergency services and/or medical staff. Of course, all personal information will be kept strictly confidential.

1. Name: _____

Name of Tour: _____

Departure date: _____

2. Height: _____ Weight: _____

Sex: _____ Birth date: _____

3. Evaluate your health (check one):

Fair _____ Good _____ Excellent _____

4. Evaluate your physical condition (check one):

Below average _____ Average _____ Above average _____

5. Are you on any medication?

Yes _____ No _____

If yes;

Medication: _____

Medicated for: _____

6. Do you have any physical limitations?

Yes _____ No _____

If yes, please describe:

7. List any allergies, dietary restrictions or other special needs:





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8. List any major illnesses that may affect your participation in this trip:

9. Date of last Tetanus inoculation: _____ (Must be current)

10. Please record your Health Care number for our records:

Number: _____

Province/State: _____

I agree that I have answered the above questions to the best of my ability and that I am fully responsible for my own well being and physical condition while taking part in the above mentioned expedition. The information provided may be used as guidance while being on any trip with Nature Tours of Yukon or, in case of eventualities, to provide information out of first hand to emergency services and/or medical staff.

Signature: _____ Date: _____

