



## HEALTH STATEMENT

PLEASE COMPLETE AND RETURN TO NATURE TOURS OF YUKON.

Note: All concerned information is requested only for your safety and wellbeing. 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:  MALE  FEMALE 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:

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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 wellbeing 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: \_\_\_\_\_