



## Health Statement | Nature Tours of Yukon

Please complete and return to Nature Tours of Yukon Inc.

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: \_\_\_\_\_ 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: \_\_\_\_\_