



## MEDICAL FORM

- **This form is to be completed by each participant of your booking.**
- **This form must be submitted to Bucket My List office while submitting the Booking Form.**
- **A doctors' signature is mandatory for all travelers over the age 70.**

Bucket My List tours travel to remote areas and often take us great distances from sophisticated medical facilities. It is for these reasons our tours are intended for persons in reasonably good health in accordance with the Activity Level rating of each individual tour. Passengers who are not fit for such a tour for any reason, including disability, limited mobility or other health condition which may entail a risk to your health and to the enjoyment of all fellow travelers, are advised not to join the tour.

Please complete this confidential medical form with all your relevant information which we need to be aware of when taking our valued passengers to remote places. Bucket My List does reserve the right to decline a tour reservation based on the information provided. Any apparent falsification of this form in regards to the exclusion of pertinent information of the health and fitness levels of the applicant, which impacts the pace of the tour and the enjoyment of fellow travelers, could result in a premature dismissal from the tour at your own expense.

Travelers are advised to bring along your own regular medication. Medications and prescriptions are not available in many of the remote areas in which we travel. Please bring sufficient quantities of all prescription medications required to last the duration of the tour, in conjunction with a few extra days should your return travel plans be delayed. As Bucket My List will not be able to cover any costs for emergency medical treatment or evacuation coverage, we strongly recommend that you carry medical insurance which includes emergency evacuation in the case of any unforeseen medical incident.

*Please note: On tours that are not Bucket My List exclusive, a separate medical form from our partner operators may be required.*

FIRST NAME:

LAST NAME:

TOUR NAME:

TOUR DATE:

**EMERGENCY CONTACTS INFORMATION - Contacts who will be home while you are away.**

1. Name:

Relationship:

Address:

Phone #:

Email:

2. Name:

Relationship:

Address:

Phone #:

Email:



**MEDICAL**

1. List all prescription medications that you are taking at this time. Exclude any vitamins and supplements.

Trade or Generic Name	Dose / Strength	Purpose	Frequency

2. Please describe all sickness, medical conditions, disease, injuries or treatments that required hospitalization within the last 12 months:

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3. Your tour has an Activity Level rating of \_\_\_\_\_

Evaluate your general health: Poor:  Fair:  Good:  Excellent:

Evaluate your physical condition/stamina: Poor:  Fair:  Good:  Excellent:

My fitness level falls within the Activity Level guideline for the tour: Yes:  No:



## HEALTH

1. Do you have any significant physical limitations or require walking aids of any description?

No:  Yes - specify: \_\_\_\_\_

2. Do you have any allergies?

No:  Yes - specify: \_\_\_\_\_

3. Do you have any dietary restrictions?

No:  Yes - specify: \_\_\_\_\_

4. Do you require a hearing aid or have any hearing impairment?

No:  Yes - specify: \_\_\_\_\_

## BUCKET MY LIST ACTIVITY LEVELS - GUIDELINES

1. Easy	One should be able to walk for 1-2 KMs with a few stops during the tour and climb a few stairs. This may include individual hikes with some inclines.
2. Moderately Easy	One should be able to climb 3-4 flights of stairs with a few stops during the tour and walk at least 2-4 KMs. This may include individual hikes which may have gentle slopes.
3. Moderate	One should be able to climb 5-6 flights of stairs with a few stops during the tour and walk at least 4-6 KMs. This may include individual hikes with some steep slopes and loose surfaces.
4. Moderately Challenging	Should be able to climb 7-8 flights of stairs with a few stops during the tour and walk at least 6-8 KMs. This may include individual hikes with some steep slopes and loose surfaces.
5. Challenging	Should be able to climb 9-10 flights of stairs with a few stops during the tour and walk 8-10 KMs. This may include individual hikes with some steep slopes and loose surfaces.



### PHYSICIAN INFORMATION

**All passengers who will be over the age of 70 at the time of departure are required to fill out this section** and have your physician sign in agreement that your health and medical condition is as stated and to attest to your capabilities to participate in the tour.

Also, **if you are under the age of 70**, yet have checked 'Poor' in any of the conditions marked in the Medical section, Question 3, you are also required to fill out this section as per the above paragraph.

Your Physician's Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

I agree that information contained within this medical form is true to my knowledge and that the  
 applicant is of acceptable level of health and fitness to participate in the tour.

Dr. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HEALTH STATEMENT - Mandatory for all participants.

I attest that I am in good health and capable of performing normal activities on this tour. I further attest that I am capable of caring for myself during the tour and that I will not impede the progress of the tour or the enjoyment of other participants. I understand that this tour will possibly take me far from the nearest medical facility and that all participants must be self-sufficient in regards to any prescription medications. I understand that medical evacuation may be expensive and delayed due to location, and that the costs involved in such an instance are ones accountable to the participant/traveler or through their insurer. I understand that medical attention while on tour is limited to the basic care of the tour leader and/or local guides until proper medical professionals are available. I certify that I have not been recently treated for, nor am I aware of, any physical or other condition or disability that would create an unreasonable risk to myself or pose a hazard to the other members of the tour.

Yes:

Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Bucket  
My List



All conditions, symptoms, lifestyle factors, allergies and medications noted above are accurate. I am financially responsible for any and all medical expenses. I authorize the release of any medical or other information necessary to the health care provider for any necessary services. I understand that Bucket My List will rely on the truth and accuracy of the information provided above. I will release, indemnify and hold harmless Bucket My List of and from any liability for damage caused by errors or omissions in the information provided above.

Yes:  Name/Signature \_\_\_\_\_