



# Medical Form

If you need more room to make additional comments please feel free to use another sheet of paper.

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## Client Information

PLEASE PRINT

CLIENT NAME	HEIGHT	WEIGHT
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
	MONTH	DAY YEAR

### Please note:

On the Great River Journey you will be participating in activities that involve: walking on rugged, uneven paths and shorelines. More strenuous activities such as hiking, cycling, canoeing & kayaking are optional.

### Medical History

All medical history and details will be held in utmost confidentiality and will only be used to assess participation on our tour or in the event of a medical emergency while on the tour.

## Medical Information

Please list any physical limitations that might affect your participation in the trip:

Please list any allergies (and the severity of your reaction):

Please list any medical conditions that we should be aware of:

Please list any medications you are on:

*Please bring spare medication for your guide to store. Transport medication in your "carry-on" when flying.*

Date of last tetanus inoculation:

MONTH	DAY	YEAR
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*If needed, I agree to get my tetanus inoculation before my trip: (initial here) \_\_\_\_\_*

NAME OF FAMILY PHYSICIAN	CONTACT NUMBER	CITY
HEALTH CARE 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 Great River Journey.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_