



Investors In Nature Pty Ltd:

# “VERTICAL ADVENTURES” - CAIRNS

## MEDICAL DECLARATION FORM

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Please answer all of the following questions:

1. Have you ever had - High blood pressure, a heart condition, any bronchial disorder, asthma, epilepsy, or diabetes? (please circle if applicable)
2. Do you have any allergies eg: foods, bee stings, pollens, penicillin? Yes / No
3. Do you have any condition which might affect your capacity to participate in outdoor activities? Yes / No
4. Are you on any medications? Yes / No

If you answered yes to any of these, please outline relevant details below

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How would you rate yourself on the following: (please circle)

Overall Physical Fitness:      Excellent      Above Average      Average      Below Average

Abseiling or Climbing Ability: Excellent      Above Average      Average      Below Average

In case of emergency please contact: \_\_\_\_\_

Phone: \_\_\_\_\_

I declare all the above information to be correct at the present time.

Signed : \_\_\_\_\_

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

Guardian's name: \_\_\_\_\_  
(if participant under the age of 18)

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

All information on this form will be treated in accordance with the current Privacy Act requirements.

*Thank You for providing us with this valued information.*