



P.O. Box 287, 1167 Helen Road, Ucluelet, B.C. V0R 3A0 Canada Phone: 1-800-889-7644 or 250-726-2868
Fax: 250-726-2860 • www.oceankayaking.com • majestic@island.net

Pre Trip Medical Form

Our kayak tours are for novice to expert kayakers. A level of fitness is required for 4 – 6 hours of paddling per day with rest stops. We will be stopping at many different islands and searching out tide pools and hiking. The ground at times may be uneven and slippery. The purpose of this form is to prepare the leaders of the tour to meet the requirements of our safety procedures, and to reduce the possibility of risks, we need to know about you and your medical history.

Name: _____ Date of tour: _____
Address: _____ Birthdate: _____
_____ Phone No. _____
In Case of Emergency Contact: _____ Phone No.: _____
Doctor: _____ Phone No.: _____
Medical Insurance Plan No.: _____ State/Prov: _____

Height _____ Weight _____

Physical Condition: Excellent Good Fair Poor

Known Allergies (food, bees, etc.): _____

Medications you will be taking on the trip: _____

What is the purpose of this medication? _____

Chronic Conditions (please check appropriate):

High Blood Pressure Heart Condition
 Epilepsy Diabetes
 Susceptibility to Cold Asthma/Hayfever

Recent Illnesses: _____

Year of your last tetanus booster: _____

For multi-day trips, current (within last 10 years) tetanus boosters are mandatory.

History of joint injury (tendonitis, bursitis, sprain, dislocation or other). Please describe and specify which joints: _____

Eyesight: Good Fair Poor Glasses Contact Lenses

*It is required that if you depend upon glasses or contact lenses for adequate vision, you bring a spare set of glasses and safety cords.

Do you have any physical limitations? _____

You will be asked to sign a waiver of liability when you depart on the tour.

I declare that the information above is true to the best of my knowledge.

Signature _____ Date: _____