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## HEALTH & EMERGENCY MEDICAL INFORMATION

EACH PASSENGER MUST PROVIDE HEALTH & EMERGENCY MEDICAL INFORMATION. ALL INFORMATION GATHERED IS CONSIDERED TO BE PRIVATE AND CONFIDENTIAL. IF YOU HAVE CONCERNS ABOUT YOUR PHYSICAL CONDITION AND ABILITY TO PARTICIPATE, WE ADVISE THAT YOU CONSULT YOUR PHYSICIAN

TRIP: \_\_\_\_\_

- SNOW GOOSE  
 ISLAND ROAMER  
 ISLAND ODYSSEY

DATES: \_\_\_\_\_ to \_\_\_\_\_

PERSONAL INFORMATION			
NAME		DATE OF BIRTH	
ADDRESS		____/____/____ DAY / MONTH / YEAR	
CITY		<b>SEX</b>	__ M __ F
PROV / STATE	CODE / ZIP	<b>HEIGHT</b>	ft-in / cm
COUNTRY	TELEPHONE	<b>WEIGHT</b>	lb / kg
<b>LIST MEDICAL CONDITIONS WHICH AFFECT YOU AND DESCRIBE SYMPTOMS? WHAT TRIGGERS ONSET OF THESE CONDITIONS?</b>			
<b>PLEASE LIST ANY MEDICATIONS THAT YOU ARE CURRENTLY TAKING AND WHAT THEY ARE FOR :</b>			
<b>DO YOU HAVE ANY KNOWN ALLERGIES OR HAVE YOU EVER SUFFERED FROM AN ALLERGIC REACTION?      __ YES __ NO</b>			
If YES, describe what causes a reaction, what happens and any treatment or medications you carry for the condition :			
<b>WHEN DID YOU HAVE YOUR LAST TETANUS SHOT?      (RECOMMENDED RE-INNOCULATION EVERY 10 YEARS)</b>			<b>YEAR:</b>
<b>IN CASE OF AN EMERGENCY WHOM SHOULD WE NOTIFY ?      ( LIST TWO INDIVIDUALS OTHER THAN YOUR TRAVELLING COMPANION)</b>			
NAME	RELATIONSHIP	TELEPHONE (DAYTIME)	TELEPHONE (NIGHT)
<b>MEDICAL / HOSPITAL INSURANCE</b>			
WE RECOMMEND MEDICAL AND HOSPITALIZATION INSURANCE THAT COVERS YOU WHILE TRAVELLING AND ALSO INCLUDES "EVACUATION" COVERAGE. PLEASE CARRY POLICY DETAILS WITH YOU AND ALSO PROVIDE INFORMATION BELOW			
Name of Plan:		Insuring Company:	
Plan Reference Number:		Telephone Number / Activation:	
<b>PLEASE IDENTIFY ANY DIETARY RESTRICTIONS THAT YOU MAY HAVE:</b>			
<b>YOUR TRAVEL ARRANGEMENTS - THIS INFORMATION HELPS US TO CONFIRM THAT YOUR TIMING IS CORRECT</b>			
ARRIVING AT:	DATE / TIME	AIRLINE	FLIGHT NO.
DESCRIBE ANY SPECIAL TRAVEL ARRANGEMENTS YOU HAVE MADE, AND ALSO WHERE YOU PLAN TO STAY THE NIGHT BEFORE YOUR TRIP WITH BLUEWATER			