



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

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.