

CLASSICAL *pursuits*

Pre-travel Health & Safety Questionnaire

All travellers assume the responsibility to select or design the trip most appropriate to their physical abilities and interests. Travellers are responsible for being in sufficiently good health to undertake their trip and for obtaining the appropriate medical and cancellation insurance. Travellers assume full responsibility for ensuring that they have adequate out-of-country health insurance coverage.

Section A: Mandatory

Name (as it appears on your passport): _____

Passport number: _____ Expiry Date: _____

Note that your passport must be valid for six months following the end of the trip.

Country of Citizenship: _____

Out of country medical insurance is strongly recommended. Canadians may purchase insurance from Drum Travel; U.S. citizens should consult their travel agent. Please indicate if you have out-of-country medical

insurance: Yes No

If yes, provide:

Company name: _____

Policy number: _____

Contact number: _____

Does your policy cover transportation home in the event of a medical emergency? Yes No

Emergency Contact Person 1	Emergency Contact Person 2
Name: _____	Name: _____
Relation: _____	Relation: _____
Phone number: _____	Phone number: _____
Family doctor (recommended)	
Name: _____ Phone number: _____	

Please note per our terms and conditions – the Company reserves the right to remove any participants from any act or activity, or from any trip, at any time during the trip if, in the sole and exclusive judgement of the Company, the Traveller's participation in such act, activity or trip poses a material risk to the health and safety of any Traveller or the Company.

Signature: _____ Date: _____

Section B: Optional

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Please keep in mind that in case of emergency, we will be better equipped to provide assistance if we have relevant health information on hand. Please rest assured that we keep all health information provided confidential.

If you do not wish to fill out the following information, please check here:

List any existing medical problems, chronic or acute:

Do you have any specific health concerns about your trip?

Are you currently taking any medications? Include generic names, if possible.

Name	Dose	Frequency

Indicate any serious allergies (i.e. to nuts, eggs, shellfish etc...)

It is your responsibility to avoid foods to which you are allergic and to carry any epinephrine inhaler/injection or appropriate medication.

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Will you be carrying an epinephrine inhaler/injection? Yes No

I attest to the truth of the foregoing statements.

Signature: _____ **Date:** _____