



P.O Box 119 ♦ Aspley QLD 4034 ♦ Australia ♦ Tel: 1300 044 444
Fax: +61 (0)7 3300 5681 ♦ E-mail: info@soloconnections.com.au

Pre-departure Self-Assessment Medical Form

This form is to be completed in clear print and signed by you, the traveller. Please note that all travellers must return the completed form regardless of whether they are declaring an existing medical condition or not. Please mail original form or scan and email to info@soloconnections.com.au as soon as possible, preferably no later than 60 days prior to travel date.

Please note: Should your health condition change after completing this form and prior to departure, you are obligated to advise Solo Connections of such changes. Failure to do so, could result in you being refused the right to join the tour and any costs relating to you being able to return home would be at your own expense and no refund of tour costs will be provided.

Dear Solo Traveller,

At Solo Connections our aim is to make it possible for everyone to travel with us. Completing this medical form accurately will help us deliver an enjoyable tour for you and your fellow solo travelers.

As you are scheduled to join Solo Connections on a tour/cruise, it is required that we are alerted to any special medical needs of our passengers before the tour. Medical forms may be life-saving and must be fully completed. Solo Connections will adhere to Australian Queensland (QLD) Health Records and Privacy Act guidelines. Medical records are kept post trip for 24 months for medical or legal reference if required.

I am capable of doing the following without assistance;

- | | |
|---|-----------|
| <input type="checkbox"/> Making my way across surfaces which can be wet/slippery at times | Yes or No |
| <input type="checkbox"/> Guided walks through possible undulating terrain and over uneven surfaces | Yes or No |
| <input type="checkbox"/> I have adequate balance to get in and out of coaches/boats/cruise ships | Yes or No |
| <input type="checkbox"/> I can walk for at least 500 metres unassisted & without a break at a moderate pace | Yes or No |
| <input type="checkbox"/> I can climb a flight of stairs, possibly without hand rail & stand for extended periods without a seat | Yes or No |
| <input type="checkbox"/> Carrying my own carryon and check in luggage | Yes or No |
| <input type="checkbox"/> Remembering and following directions and adhering to time schedules | Yes or No |

If you answered No to any of the above questions, you are required to take your tour itinerary into your doctor and provide Solo Connections with a letter from your doctor stating you are fit and capable of partaking in this tour.

Covid19 Vaccination I have had my first dose I am fully vaccinated I am not vaccinated

It is important that solo travellers disclose all medication and medical history. If you have any questions or concerns, please contact Solo Connections for more information. *Please note that non-declaration of a medical condition may jeopardise not only your trip but also everyone else's. Solo Connections reserves the right to make the final judgement on whether you are deemed a participant fit to join the tour, and or participate in any organized activities. If Solo Connections deems it necessary, you will be required to provide a letter from your GP stating you are fit to travel.*

Date of completion: _____ Please initial that you have read this page: _____

Passenger Full Name: _____

Please contact us on (07) 3300 6696 | email info@soloconnections.com.au or go to www.soloconnections.com.au for more information about this medical form.



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Tour Name: _____ **Tour Date:** _____

Passenger Details:

Mr Mrs Ms Miss Other

Surname: _____ Given Names: _____

DOB: _____ Phone: _____

Email address: _____

Dietary Requirements: Please provide us with a comprehensive list of dietary restrictions, allergies and intolerances.

Medical History, Current Complaints: Please provide details with dates and treatment. Indicate frequency, severity and aggravating factors where relevant within the last 5 years. Please list medications used. (An attachment may be necessary)

If the answer is 'yes' to any of the following questions, please supply full information below.

- | | | | |
|--|--|---|--|
| 1. Raised blood pressure | Yes <input type="checkbox"/> No <input type="checkbox"/> | 9. Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Heart or circulatory disease | Yes <input type="checkbox"/> No <input type="checkbox"/> | 10. Joint or mobility problems/injury | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Chest or lung disease | Yes <input type="checkbox"/> No <input type="checkbox"/> | 11. Surgical operations (please list all) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Asthma / hayfever | Yes <input type="checkbox"/> No <input type="checkbox"/> | 12. Mental / emotional instability | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Epilepsy / other neurological condition | Yes <input type="checkbox"/> No <input type="checkbox"/> | 13. Any allergy to drugs, chemicals or food | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Digestive or bowel disorder | Yes <input type="checkbox"/> No <input type="checkbox"/> | 14. Motion Sickness | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Hearing impaired | Yes <input type="checkbox"/> No <input type="checkbox"/> | 15. Incontinence or bladder issues | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Sight Impaired | Yes <input type="checkbox"/> No <input type="checkbox"/> | 16. Hospitalisations (last 12months) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Other, please specify any conditions/disorders not listed above:

By signing this form I confirm that I understand the terms and conditions of my booking and in my opinion, I am fit enough to undertake the tour and participate in the activities.

Signed: _____ **Date:** _____