



PRE-DEPARTURE SELF-ASSESSMENT MEDICAL FORM

Please complete this form in clear print and ensure it is signed by you, the traveller. Submission of this form is required for all travellers, regardless of whether you have an existing medical condition to declare or not.

Kindly return this completed form, either by email to info@soloconnections.com.au or mail to PO Box 119, Aspley QLD 4034 with your tour deposit.

Name of Tour

Departure Date

Title

☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Other: _____

Date of Birth

First Name

Middle Name/s

Last Name

Mobile

Email



Please note: If your health condition changes after submitting this form and before departure, you are required to inform Solo Connections of the change. Failure to do so may result in you being denied participation once on the tour and being required to return home. Any costs associated with returning home will be at your own expense, and no refund of tour costs will be provided.

At Solo Connections, we aim to make travel accessible and enjoyable for everyone. By completing this medical form accurately, you help us ensure a safe and enjoyable experience for both yourself and your fellow travellers.

As you are scheduled to join us on an upcoming tour or cruise, it is essential that we are informed of any medical conditions or special requirements in advance. Providing this information is not only important for your well-being, it can be life-saving. All medical information is handled in accordance with the Queensland Health Records and Privacy Act. Records are securely stored for 12 months after the trip for medical or legal reference, if required.



I am capable of doing the following without assistance - Please select either Yes or No for each item below:

- | | |
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| • Walking across surfaces that may be wet or slippery at times | ☐ Yes ☐ No |
| • Participating in guided walks over undulating terrain and uneven surfaces | ☐ Yes ☐ No |
| • Maintaining balance when getting in and out of coaches, boats, cruise ships or safari style vehicles | ☐ Yes ☐ No |
| • Walking at least 500 metres unassisted at a moderate pace and without a break | ☐ Yes ☐ No |
| • Climbing a flight of stairs, possibly without a handrail | ☐ Yes ☐ No |
| • Standing for extended periods without a seat | ☐ Yes ☐ No |
| • Carrying my own carry-on and check-in luggage | ☐ Yes ☐ No |
| • Remembering and following directions and keeping to time schedules | ☐ Yes ☐ No |

If you answered No to any of the above questions, you must consult your doctor with a copy of your tour itinerary and provide Solo Connections with a medical letter confirming your fitness to participate in the tour.

It is important that you provide full details of your medical history and any medications you are currently taking. If you have any questions or are unsure about what to disclose, please contact Solo Connections for guidance.

Undeclared medical conditions may affect your ability to travel and could compromise the safety or enjoyment of the tour for yourself and others. Solo Connections retains the right to determine your suitability for participation. In some cases, additional medical confirmation of your fitness to travel may be required.

Date of completion

Please initial that you agree to the above on this page



Dietary Requirements:

Please provide us with your dietary restrictions, allergies and intolerances.



Medical Information:

Please select either Yes or No to all listed below. If the answer is 'yes' to any of the following questions, please supply full information below.

High / Low Blood Pressure	☐ Yes ☐ No	Diabetes	☐ Yes ☐ No
Heart or Circulatory Disease	☐ Yes ☐ No	Joint Problems / Injury	☐ Yes ☐ No
Thrombosis (blood clots)	☐ Yes ☐ No	Mobility Problems / Injury	☐ Yes ☐ No
Chest or Lung Disease	☐ Yes ☐ No	Psychological Condition	☐ Yes ☐ No
High Cholesterol	☐ Yes ☐ No	Cognitive Condition	☐ Yes ☐ No
Asthma	☐ Yes ☐ No	Allergies - Drugs, Chemicals, Insects, Food	☐ Yes ☐ No
Hayfever	☐ Yes ☐ No	Motion Sickness	☐ Yes ☐ No
Epilepsy/Other Neurological Condition	☐ Yes ☐ No	Bladder Incontinence	☐ Yes ☐ No
Digestive or Bowel Disorder	☐ Yes ☐ No	Bowel Incontinence	☐ Yes ☐ No
Hearing Impaired	☐ Yes ☐ No	Surgical Operations (please list all)	☐ Yes ☐ No
Sight Impaired	☐ Yes ☐ No	Hospitalisations (last 12months)	☐ Yes ☐ No



Current medical conditions, medications and any ongoing investigations:

Please provide details including dates, treatments, and any relevant information such as frequency, severity, and known aggravating factors. List all current medications, including dosage and purpose. Please provide additional pages if more space is required.

Medical history and other conditions not listed above:

By signing this form, I confirm that I have read and understood the terms and conditions of my booking.

I believe I am fit to undertake the tour and participate in its activities.

Date of completion

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Signature

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