

Passenger Name	
Holiday Name	
Travel Dates	

Dear Traveller, please take this form to your medical doctor and return it when you book your holiday. Please note: if you return this form after paying your deposit and your doctor subsequently deems you not fit to travel, we may not be able to refund your monies paid (in part or full). Before visiting your doctor, we recommend you check with us about trip availability as a place can only be confirmed subject to availability and the deposit payment.

Dear Doctor

In the best interests of our clients we require that passengers of 70 years and over obtain medical clearance to ensure they are fit to travel on their chosen holiday. Suitability for this trip requires that the passengers have reasonable physical fitness, can travel independently and that they do not require special assistance. Please also take into account any forms of dementia, mental disorders or addictions that would limit their ability to travel.

Minimum Physical Requirements

Travellers must have a reasonable level of fitness and mobility, and meet the following minimum requirements:

- Walk up to 3 kms, and on uneven surfaces without a mobility aid, duress or needing to take a break? Yes No
- Participate in a sightseeing tour on foot with a duration of up to 2-3 hours? Yes No
- Stand for extended periods without the need to sit? Yes No
- Climb a few flights of stairs without duress and walk up short steep hills? Yes No
- Carry luggage (up 23kg) and hand luggage without assistance (up to 7kg)? Yes No

Doctor's Opinion - Independent Travel

If your patient cannot meet any/all of the above physical requirements please detail here what physical requirements they are capable of meeting. In some instances, even if a traveller does not meet the physical requirements as above, it may still be possible that they join the tour if they accept some excursions or activities may have to be forfeited.

Detail any physical, cognitive or mental health conditions, including medications, recent surgery, and if they use a CPAP machine. Provide opinion on the passenger's ability to travel independently and without special assistance:

Name of Doctor			
Doctor's Signature			
Address of Practice			
Telephone		Date	

Official Practice Stamp: