

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, in some cases 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 a passenger 65 years & over obtain medical clearance to ensure they are fit to travel on their chosen holiday. Suitability for this trip requires that the passengers have good 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. Can your patient:

- Walk between 5-15km at a reasonable pace on any given day (breaks included along the way) Yes \_\_\_\_ No \_\_\_\_
- Have the endurance to walk for a number of consecutive days e.g 3 days or more Yes \_\_\_\_ No \_\_\_\_
- Climb stairs and ascend hills, including on uneven surfaces, with ease Yes \_\_\_\_ No \_\_\_\_
- Carry their own backpack (up to 7kg) for duration of walking distances Yes \_\_\_\_ No \_\_\_\_

### Doctor's Opinion

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.

Also detail any physical or mental health conditions, including medications, recent surgery, and if they use a CPAP machine:

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Name of Doctor: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Address of Practice: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Official Practice Stamp:

Passenger's Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Passenger Name: \_\_\_\_\_

\*Holiday Name: \_\_\_\_\_

\*Travel Dates: \_\_\_\_\_