

**FOR TOUR GUESTS - PERSONAL DETAILS FORM**

**GUEST DETAILS**

Name:	Date of Birth:
Address:	

**ACTIVITY DETAILS**

Tour:	Travel Dates:
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**HEALTH DETAILS**

Does the participant suffer from any of the following: Asthma Diabetes Epilepsy Sleep Walking Fainting Hay Fever Nose Bleeds Severe Allergies	Give details of any known allergies such as food, insect bites or medication:
	Does the participant have any disability or chronic illness or need any special health care? YES NO
	If YES, please attach details and a management plan if applicable.
	If swimming or boating is listed as an activity, please indicate the participants' ability: WEAK / AVERAGE / STRONG
Is the participant taking ANY medication at present? YES NO	
ALL medication must be in original packaging with original pharmacy or suppliers label and clearly labelled with name of participant, type of medication and dosage. <b>The first aider will supervise the administration of all medication including paracetamol.</b>	
Any further information the first aider should know (all Overland Oz guides and vehicles hold Senior First Aid Certificates and carry First Aid kits and equipment):	
Date of participant's last tetanus immunisation:            /            /	

Paracetamol will not be administered unless provided to the First Aider in its original packaging and is clearly labelled.

