Source: https://www.franklinrivertasmania.com/booking/

WATER BY NATURE TASMANIA®
Franklin River Rafting

MEDICAL FORM

(Confidential)

Name : ____

The following information will be useful in the event you require medical attention during the trip. The information you provide is protected under our privacy policy. People with various medical conditions and disabilities have successfully completed *Franklin River Rafting* expeditions in the past. If you are unsure of your ability, mentally or physically you should contact Water by Nature Tasmania Pty. Ltd. and / or speak with a doctor before booking a trip. If you do not wish to fill out this medical form please contact Water by Nature Tasmania Pty. Ltd.

Please circle Yes or No. If you answer yes to any of the following questions please give details.

1. Do you have any known **allergies** to food, medications, bites, stings or anything? Yes / No

   ____

2. Do you have current tetanus immunity? Yes / No Year of last booster ____________________
3. Do you wear glasses or contact lenses? Yes / No
4. Are you currently taking any form of medication? Yes / No
   (**If you think you will require any medication please bring it with you**.)

   ____

5. Are you under treatment for any condition or illness? Yes / No

   ____

6. Do you currently have or have you had any of the following medical conditions?
   Heart disease, lung disease, high blood pressure, diabetes, asthma, epilepsy, back pain, arthritis, ulcer, mental illness or mental disorder. Yes / No
7. Do you suffer from or have you had any of the following conditions?
   Back pain, dislocation, hernia, sprain, strain, concussion, fracture, blackout, dizzy spells, chest pain, headaches, chronic cough or shortness of breath. Yes / No
8. Have you had any surgery in the last 6 months? Yes / No

   ____

9. Do you have any other conditions you think may affect your health on this expedition? Yes / No

   ____

10. Do you have any disabilities? Yes / No

    ____

11. Dental; we recommend a dental check within the last 12 months, to avoid dental issues during your trip.
12. Do you have a doctor you regularly visit? Yes / No

    Name: ____________________________________Ph.:__________________________________
13. Medicare No. (Australian residents) ____________________
14. Do you have private health insurance? Yes / No

    Fund _________________________________ # ______________________Cover _____________