

# NOMAD AFRICA

ADVENTURE TOURS

38 Chilwan Crescent, Helderberg Industrial Park, Somerset West, South Africa 7130  
TEL: +27 21 845 7400 / FAX: +27 21 845 7401

## **CONFIDENTIAL MEDICAL FORM**

### **General Information**

*The information provided to Nomad African Adventure Tours, will be held to the strictest confidence and will be used only to the extent to provide necessary emergency medical care and/or evaluate physical health and fitness for travel. Please note that this may include transition of relevant data to any/all countries you may be visiting, or to the Nomad office, but only as required. The collection, use and disclosure of your personal information is governed by Nomad African Adventure Tours policy, which can be accessed any time at [www.nomadtours.co.za](http://www.nomadtours.co.za)*

### **How should you complete the form**

*All travellers over the age of 65 must complete sections, "A", "B" and "C". If you have indicated that you have pre - existing medical conditions, you are required to complete section "D" also. The more information provided to Nomad, the more we would be able to assist and provide medical assistance in the unlikely event of an emergency.*

*Please note that Nomad will assess the information contained in this document, and reserve the right to further ask for a Physician assessment for any traveller.*

*You should always consult your Physician and anyone else familiar with your medical history and needs before embarking on any adventure travel. Please ensure that you have confirmed with a medical professional, that you are medically fit to embark on the tour you have booked.*

### **Why do I need to complete this form?**

*Our tours, travel to remote areas where limited or no medical facilities are located. A medical emergency situation is extremely unlikely however, should it arise, we are armed with the necessary information to be able to assist.*

*Generally our tours are intended for travellers in reasonably good health, for their safety, along with that of their fellow travellers. Therefore you must provide complete, accurate and up – to – date information on this form in order to allow Nomad to safely accommodate you during the tour. Nomad reserves the right to deny passage to any traveller who is unable to safely participate.*

*If you do not disclose a condition, infirmity, injury or ailment, and are subsequently deemed to be unfit for travel due to the whole or in part to such condition, Nomad reserves the right to remove you from the tour with no refund or compensation.*

*If there are changes to your physical/medical condition or otherwise to your responses below after submission of the form to Nomad, you must notify us immediately of that change. Nomad reserves the right to request an up-to-date certification from a licenced physician in the event of such a change.*

*If the information contained in this document is found to be not accurate, as of date of travel, and we were not notified of such a change. Nomad reserves the right to remove any traveller for the tour with no refund or compensation. Information provided in this document, must be supplied 10 weeks prior to departure.*

### **What happens if I don't complete this form**

*In the event you have made a booking with Nomad African Adventure Tours, and subsequently are unable or refuse to complete this medical document for any reason by the final payment date as specified in our terms and conditions, Nomad reserves the right to consider your booking cancelled as of that day, and all applicable cancellation penalties will apply.*

### **How do I complete this document?**

*It is extremely important for your own health and safety, that you complete all questions fully and truthfully. In the unlikely event of a medical emergency, the information you have provided will be crucial. All travellers must complete and return sections "A", "B", "C".*

*If you answered "Yes" to any question in section "B", then proceed to section "D".*

*Part 1 of section "D" must be completed by yourself and Part 2 given to your medical practitioner to complete on your behalf. Each of you must sign and return the entire document, sections "A", "B", "C" & "D"*

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Company Registration Number: 2007/111212/23  
Director: Alexander Rutherford / VAT Reg: 42101 628 40

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**SECTION A – GENERAL INFORMATION – Please complete all fields**

Name \_\_\_\_\_ Booking Reference \_\_\_\_\_

Tour Name \_\_\_\_\_ Departure Date \_\_\_\_\_

**SECTION B – MEDICAL INFORMATION – Please complete all fields**

1. **During the last 5 years, have you suffered any significant illness, been hospitalized or required regular care by a doctor?** Yes  No

If Yes, Please indicate reason \_\_\_\_\_

2. **Have you had any of the following**

a) Tuberculosis, chronic bronchitis, emphysema or any other lung problems? Yes  No

b) Asthma affects my everyday activities and/or I use medication or an inhaler regularly Yes  No

c) High blood pressure, heart or respiratory problems, or rheumatic fever? Yes  No

d) Gout, arthritis or any back, leg or foot problems? Yes  No

e) Gastric or duodenal ulcer, colitis or intestinal problems? Yes  No

f) Epilepsy or seizures of any kind? Yes  No

g) Kidney or bladder disease? Yes  No

h) Diabetes, cancer or tumour of any kind? Yes  No

3. **Do you have any physical limitations, handicaps or prosthesis? Do you have any difficulty walking or use a device for mobility assistance such as crutches, cane or wheelchair?** Yes  No

If yes, please specify \_\_\_\_\_

4. **Do you have any medication or drugs related to a pre-existing medical condition?** Yes  No

5. **Do you have any allergies or reaction to any medication?** Yes  No

If yes, please specify \_\_\_\_\_

6. **Are you affected by any other pre-existing medical conditions not listed above?** Yes  No

If yes, please specify \_\_\_\_\_

Africa has very few sophisticated medical facilities, and may not be available on our itineraries or locations. Although each truck carries a limited infirmary with basic medications and equipment, we ask that you complete this confidential medical document so that all due care may be provided. Adventure travel is intended for persons in reasonably good health and with full mobility. Travelers who are not fit for long trips for any reason, including mobility issues, disability, heart or other health conditions, are recommended to not join the tour, which will entail an unreasonable risk to your health and to the enjoyment of those on board. Should any such condition become apparent, Nomad reserves the right to decline, or retain you and any other travellers at any time before and during the tour.

Herewith I attest that I am in good health, and capable of performing normal activities on this tour. I further attest that I am capable of caring for myself during, and will not impede the process of the tour, or enjoyment of others aboard. I understand this tour will take me far away

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from the nearest medical facility and I am aware that all tour members are required to be self-sufficient. With that understanding, I certify that I have not recently been treated for, nor am I aware of any physical or other condition or disability that would create a risk to myself or other members of the tour. I agree that should there be any change to the information provided in this document pertaining to my physical or medical condition, I will notify Nomad, and if requested, will provide an up - to - date version of this completed document. I agree that any failure to provide full and complete medical information to Nomad, may result in the cancellation of my booking, without further refund or compensation.

I declare the answers to the above questions, to be true and complete. I agree to this information being made available to Nomad.

\_\_\_\_\_  
**Travelers Signature**

\_\_\_\_\_  
**Date**

## **SECTION D- Medical Practitioner Form**

If you indicated "Yes" to any of the questions in section B, then please complete this section. Part 1 must be completed by yourself, and Part 2 given to your licenced physician for completion. At the bottom of the document, both yourself and the physician must sign the document. Once completed, please return a signed copy to us.

Become familiar with the trip details, the physical demands, the locations of the tour and access to medical facilities, should they be required. Please contact your agent or Nomad, if you require any additional information with respects to such details. Armed with these, we ask yourself and your medical practitioner to please complete below.

### **Part 1 – To be completed by you**

**Your Name** \_\_\_\_\_

**Booking Number** \_\_\_\_\_

**Name of Tour** \_\_\_\_\_

Please note that information provided here may be forwarded onto select parties to ensure a safe and enjoyable tour.

All information kept by Company is done so in accordance with Nomad's Privacy Policy and the information will only be shared with those who need to now.

### **Part 2 – To be completed by Licenced Physician**

Our tours travel to remote areas where limited or no tertiary medical facilities exist. These trips are intended for travellers who are in reasonable good health, without potential underlying life threatening illnesses that may require urgent medical attention of this level.

**Name of Physician** \_\_\_\_\_

**Phone Number Office** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list and current medical conditions, infirmities, disabilities or physical limitations**  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any medication currently taken. If more room is required, please attach a separate list.**

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Trade Name                      Generic Name                      Dose/Strength                      Frequency                      Purpose

*If Patient has been hospitalized, or had surgery any time during the last 5 years, please tell us where and why.*

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*I have read the trip details, and am familiar with both the physical demands, and the remote locations of this tour, and the fact that this tour may travel to areas located far away from medical facilities. I am also aware that the trucks are not equipped with state of the art medical equipment.*

*With this knowledge, I have considered the suitability of this travel and to the best of my knowledge, believe this person to be physically and physiologically fit to undertake this trip*

*I further declare the answers above to be accurate and truthful.*

**Physician Signature** \_\_\_\_\_

**Patient signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_