

Water by Nature (Tasmania)

Franklin River Tasmania Wilderness Rafting

5, 7 & 10 Day Expeditions

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MEDICAL FORM (Confidential)

Name : _____

The following information may help you in the unlikely event of an accident. It is not our intention to exclude you from a trip because of your answers. People with various medical conditions and disabilities have successfully completed Franklin River expeditions in the past. If you are unsure of your ability, mentally or physically you should contact Water by Nature 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.

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. Do you have a doctor you regularly visit? Yes / No

Name: _____ Ph.: _____

Medicare No. (Aust. residents) _____ Do you have private health insurance? Yes / No

Fund _____ # _____ Cover _____