

Personal Information		
Name		
Date of Birth		
Occupation		
Gender		
Residential Address		
No/Street		
Suburb	State/Territory	Postcode
Contact Details		
Phone	Work	Mobile
Email		
Emergency Contact		
Name		
Phone		
Travel Details		
Passport Number		
Expiry Date		
Country of Issue		
Airline Arrival		
Flight Number (Darwin-Dili)		
Time		
Date		
Airline Departure		
Flight Number (Dili-Darwin)		
Time		
Date		

Fitness Level

Exercise frequency

High

Moderate

Low

Type of exercise

What is your exercise routine?

Payment

Total \$1,500

Deposit \$750.00

Balance \$750.00

Payment Method

Direct Deposit

Account Name: Timor Trekking Pty Ltd

Account Number: 1896 288 53

Bank Name: ANZ

Bank BSB: 013 575

Mail Cheque

Timor Trekking Pty Ltd

19 Robertson St,

Berrigan NSW 2712

I confirm that I have read and agreed to the terms and conditions of Timor Trekking Homestay Pty Ltd Travel Policy

Signature

Confidential Medical Form

Who should complete this form

All travellers must complete sections A B. If you have indicated that you have a pre-existing medical condition you are required to complete section D also. The more information has, the more we may assist in the unlikely event of an emergency or provide other medical assistance.

All travellers traveling are required to complete sections 'A', 'B' & 'C'. Completing section 'D' is dependent on whether or not you have indicated a pre-existing Medical Condition.

Why do I need to complete this form?

Our tour travels to remote areas where there is limited or no sophisticated medical facilities available. A medical emergency is extremely unlikely; however, should it arise we need to be armed with the necessary information to help you get evacuated to the nearest hospital.

How do I complete this form?

It is very important for your own health and safety that you complete all questions fully and truthfully. We rarely refuse anyone a place on trip for medical reasons, but in the event of a medical emergency, the information you have provided could be crucial.

All forms must be completed, and sections 'A', 'B' returned.

If travellers answer YES to any question in **SECTION 'B'** (excluding question 5), then proceed to **SECTION D**.

Part 1 of SECTION D must be completed by yourself

Part 2 Medical practitioner to complete on your behalf.

Each participant must sign and return the completed document, SECTIONS A,B,C & D

SECTION A GENERAL INFORMATION

General Information – Please complete all fields

Name

Trip

SECTION B MEDICAL INFORMATION

1. During the last 5 years, have you suffered any significant illness, been hospitalized or required regular care by a doctor?

If YES, please indicate reason:

2) Have you ever had any of the following:

- | | | |
|-----|----|---|
| YES | NO | Tuberculosis, chronic bronchitis, emphysema or any other lung problems? |
| YES | NO | Asthma effects my everyday activities and/or I use medication or an inhaler regularly |
| YES | NO | High blood pressure, heart or respiratory problems, or rheumatic fever? |
| YES | NO | Epilepsy or fits of any kind? |
| YES | NO | Diabetes, cancer or tumor of any kind? |
| YES | NO | Gout or arthritis or any back, leg or foot problems? |
| YES | NO | Medically diagnosed depression, anxiety or mental disorder? |
| YES | NO | Kidney or bladder disease? |
| YES | NO | Gastric or duodenal ulcer, colitis or intestinal trouble? |

If YES to any of the above, please specify

3) Do you have any physical limitations, handicaps or prosthesis? Do you have difficulty walking or use a device for mobility assistance such as crutches, cane or wheelchair?

YES NO

4) Do you take medication or drugs related to a pre-existing medical condition?

YES NO

5) Do you have any allergies, or reactions to any medication or drugs?

YES NO

6) Are you pregnant?

YES NO

If YES, how many weeks pregnant will you be at the time of travel?

7) Are you affected by any other pre-existing medical conditions not listed above?

☐ ☐

YES NO

8) Do you have any food allergies or food preferences

YES NO

If YES to either, please specify.

Please Note:

If you indicated "YES" to any of the above questions (excluding question 5), you must now proceed to section 'D'.

SECTION C ADDITIONAL INFORMATION

Date of Birth

Height

Weight

Blood type

(if unknown, indicate unknown)

Insurance provider

Insurance Policy Number

Emergency Contact

Emergency Number

No sophisticated medical facilities are available in Luro. We ask you to complete this confidential medical report so that all due care may be provided. Our trips are intended for persons in reasonably good health. Those who are not fit for long trips for any reason, including disability, heart or other health condition are advised not to join the trip.

I attest I am in good general health, and capable of performing normal activities as listed on Timor Trekking Itinerary. I further attest that I am capable of caring for myself during the trip, and that I will not impede the progress or the enjoyment of others. I understand that this will take me far from the nearest medical facility and that all members must be self-sufficient.

With that understanding, I certify that I have not been recently treated for, nor am I aware of, any physical or other condition or disability that would create a hazard to myself or other members of the expedition.

I declare the answers to the above questions are true and complete. I agree to this information being made available to Medical personnel in Timor Leste.

Signature

Date

Please print in PDF and email friendsofluro@hotmail.com

PRINT PDF

SECTION D MEDICAL PRACTITIONER FORM

If you indicated 'YES' to any question in section 'B' (excluding question 5), then please complete this section. Part 1 must be completed by yourself, and Part 2 given to your medical practitioner for completion. At the bottom of the document, both yourself, and the medical practitioner must sign the document. Once completed, please return a signed copy to us.

Become familiar with the trip details, the physical demands, the location of the tour, and access to medical facilities should they be required. Armed with these, we ask yourself and your medical practitioner to please complete the below:

Part 1 – to be completed by you

Name

Please note information provided here may be forwarded onto select parties to ensure a safe and enjoyable tour. All information kept by Timor Trekking is done so in accordance with the Privacy Policy, and information will only be shared with only those who need to know.

Part 2 – to be completed by your medical practitioner

Physician Name

Phone

Address

Email

Please list any current medical conditions, infirmities, disabilities or physical limitations.

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

If this patient has been hospitalized, or had surgery, at any time during the last 5 years, please tell us when and why

I have read the trip details and am aware of both the physical demands and the remote location of this trip, and the fact this tour may travel far from the nearest medical facilities. 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 psychology fit to undertake this trip.

I further declare the answers provided above to be accurate, complete and truthful.

Physician Signature

Date