



BADIAN CANYONEERING ADVENTURE

(The information herein is confidential between the tour guide and guest only and will not be disclose unless necessary and/or given permission to do so.)

NAME: _____

Date of Birth: _____ Height: _____ Weight: _____ Sex: _____

Permanent Address: _____

Emergency Contact Person: _____

Emergency Contact Number: _____

CANYONEERING TRIP INFORMATION

Badian Canyoneering trip is at most a 3-hours eco-adventure in a remote setting where evacuation to modern hospital facilities is not immediately possible. You must expect extreme weather conditions ranging from low temperature to extreme heat and humidity. Sudden environmental changes are to be expected and anticipated. You may come along uneven, slippery, and steep terrain. You might also be swimming against strong water current and experience long tough trail. Be sure that you are to be responsible for yourself and follow all rules and regulations your tour guide presents to you. If you have questions about the activity, you may ask your tour guide(s).

Instruction to participants: Please check YES or NO for each question. Each must be answered, but keep in mind that a "YES" answer do not necessarily mean you will not be able to do your canyoneering activity. Providing your answers can make it easier for your tour guides to assist you in any circumstances. For MALE guests, kindly skip Q.9 & 12.

GENERAL MEDICAL HISTORY

	YES	NO
1. Respiratory problems?		
2. Gastrointestinal Disturbances?		
3. Diabetes or Hypoglycemia?		
4. Hypertension?		
5. Bleeding or blood disorder?		
6. Hepatitis or other liver diseases?		
7. Neurological issue? Epilepsy? Seizures?		
8. Dizziness or fainting episodes?		
9. Treatment or medication for menstrual cramps?		
10. Disorder of the urinary or reproductive tract?		
11. Do you see a Medical/Physical specialist of any kind?		
12. Are you pregnant?		
13. Treatment or counseling with a mental health professional?		
14. Cardiac Problems?		
15. Heatstroke/Heat Exhaustion or any other related illness?		
16. Physical or Sensory Limitation?		
17. Any other health complaint not listed above?		

If you have filled "YES" on any of the questions from No. 1 – 17, please provide a brief description of your condition and any associated physical limitations.

18. Knee, hip, ankle, shoulder, arm, back, or other injuries to muscle, tendons, ligaments, or bones (including sprains) and/or operations? If so, please specify:		
19. Any allergies? Especially to insect bite or bee stings?		
20. Are you allergic to any medications? If YES, please list them along with their severity:		
21. Are you currently taking any medications which limits physical activity? If YES, please list them together with their restrictions/side effects:		

(Please continue on page 2 at the back of this paper)