

MEDICAL FORM

**If you need more room to make additional comments please feel free to use another sheet of paper.*



PO Box 31203
Whitehorse, Yukon
Canada Y1A 5P7

1-800-297-6927
Fax: (867)668-3056

E-mail:
info@nahanni.com
Website:
www.nahanni.com

Name _____

Height _____ Weight _____

Sex M F Date of Birth _____

Evaluate your health: Fair Good Excellent

Evaluate your physical condition: Fair Good Excellent

Please list any physical limitations that might affect your participation in the trip:

Please list any allergies (and the severity of your reaction): _____

Please list any medical conditions that we should be aware of: _____

Please list any medications you are on: _____

**Please bring spare medication for your guide to store. Transport medication in your "carry-on" when flying.*

Date of last tetanus inoculation: _____

** If needed, I agree to get my tetanus inoculation before my trip: (initial here) _____*

Person to be notified incase of emergency:

Name _____ Relationship _____

Address _____ Phone _____

MEDICAL FORM

Family Physician's Name _____

Phone _____

City _____

Health Care Number _____

Province/State _____

I agree that I have answered the above questions to the best of my ability and that I am fully responsible for my own well being and physical condition while taking part in the expedition with Nahanni River Adventures / Canadian River Expeditions.

Signature _____

Date _____



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