



COMPASS HELI TOURS CLIENT MEDICAL FORM

There are 4 pages to this medical form. Please take the time to answer all the questions. If you need additional space, please use an additional sheet of paper. This information helps Compass Heli Tours staff manage risks and plan effectively for each adventure.

Participant Name			
Tour Name			
Tour Date			
Email			
Home Address			
Phone 1		Phone 2	
Emergency Contact		Relationship to Participant	
Phone 1		Phone 2	

General Information

Height		Birth Date	
Weight		Gender	

Medical Conditions

Have you ever had, or are you prone to any of the following:					
Heart Condition	Yes	No	Emphysema	Yes	No
High Blood Pressure	Yes	No	Seizure Disorders	Yes	No
Diabetes	Yes	No	Joint Dislocation	Yes	No
Chronic Headaches	Yes	No	Broken Bone	Yes	No
Asthma	Yes	No	Nose bleeds	Yes	No
Depression	Yes	No	Critical Stress	Yes	No
Surgery within the last year	Yes	No	Other:		
If you answered yes to any of the above conditions, please take a moment to provide details so that we can better help you manage your safety during the tour.					

Allergies

Do you have any known allergies or have you ever had an allergic reaction?	Yes	No
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If your answer was yes, was the reaction localized or systemic?	<input type="checkbox"/> Localized	<input type="checkbox"/> Systemic
Please describe what causes the reaction.		

Drugs

Are you currently taking any prescription or non-prescription drugs?	Yes	No
If yes, what is the name		
What is the dosage?		
What is the condition you are taking it for?		
What are the side effects of this medication?		
Are there any effects if you miss your medication?		
What are the effects if you take too much of your medication?		

Recent Medical History

Are you currently susceptible to infections?	Yes	No
Have you had a serious illness in the last year?	Yes	No
Have you traveled to the tropics in the last 3 months?	Yes	No
Do you wear contact lenses?	Yes	No
Do you smoke?	Yes	No
Are you pregnant	Yes	No
Are you taking birth control pills	Yes	No
If you answered yes to any of the questions, please provide the details.		

Inoculations

Tetanus Shots are valid for 10 years. A current Tetanus shot is required for fishing tours.	
When was your last Tetanus Shot?	



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Fitness

All of the adventure tours offered by Compass Heli Tours require some degree of physical activity such as hiking, snowshoeing or kayaking. If at any time you experience discomfort or fatigue, please advise staff immediately.

In your opinion, your current fitness	Excellent	Good	Fair	Poor
Are you prone to getting cold?			Yes	No
Do you have any physical or mental limitations that might impact on your ability to participate fully in this program?			Yes	No
If you have answered yes, please provide details.				

Outdoor Activity History

This information helps staff plan for the comfort and needs of each group member. If you have concerns about the level of skill required to participate in this program, please contact us immediately.

Have you hiked or snowshoed before? If so, when?	
Have you used a Stand Up Paddle-Board? If so, when?	
Have you kayaked before? If so, when?	
Can you swim?	

Diet

This information is required to plan appropriate picnic meals on tours. If you have special dietary needs, please let us know as soon as possible so that we can make the necessary adjustments. Our menu is available on the website. Vegetarian and vegan options are available, as well as other alternatives.

Do you have any specialized dietary needs?	yes	No		
If you answered yes, please provide us with details:				
Do you drink	Coffee	tea	How many cups a day?	

If you are bringing medication with you

- Bring twice as much as you are required to take for the entire length of your program, pack it in two waterproof and UV proof containers and store it in an appropriate place.



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- List dosage, frequency instructions and expiry on the outside of each container. Include the name of the drug as well.
- Give one container to your guide in case you lose or damage your own. Guides cannot administer medication.
- Make sure your medication has not expired.
- Discuss drug complications (i.e. Photosensitivity) and allergies with your guide.
- Bring all literature pertaining to your medication (i.e. the package, CPS information).

Compass Heli Tours and your Privacy

The personal information collected in this form is used by Compass Heli Tours staff to help manage the safety of the group. The information is stored at our office for 5 years and then destroyed. We do not trade or sell any information we collect from you. **We only share your personal data outside Compass Heli Tours with your consent, as required by law or to protect Compass Heli Tours, its customers, or the public, or with other organizations, and then only with partners who share Compass Heli Tours' commitment to protecting your privacy and data.** If you have concerns about the privacy and security of this information, let us know before filling out the form. You can always approach our staff privately before, at the beginning or during a program to verbally address any medical concerns you have.

Underage participant:

In the case of the participant being under the age of nineteen (19) in the Province of British Columbia, or under the age of responsibility elsewhere, I hereby give permission to a trip representative of Compass Heli Tours to arrange for any medical treatment required by my child or ward while she/he is under the care of the chaperone or guide during the program named above.

Participants Name:	
Parent/Legal Guardian Signature:	
Date	

I have completed this medical form accurately and truthfully, and to the best of my knowledge. I understand that any injury or illness that is aggravated by, or as a result of my participation in these tours and any evacuation costs arising thereof, is solely my responsibility and I therefore release Compass Heli Tours, its directors, managers, employees, and associates from any future claim I might make against them. I understand that it is my responsibility to inform Compass Heli Tours before my tour starts, of any medical conditions that may have arisen after filling out this form. Signed this ___ day of _____, in the year _____.

Participant's Signature	
Date	

For Compass Heli Tours internal use only. I have reviewed the client's medical information,

Signed this ___ day of ___, in the year _____.

CHT Representative's Signature	
Date	