



# CROSS COUNTRY CHARTERS

Group Charters, Tours & Safaris Throughout Australia & The Outback

## MEDICAL AUTHORITY FORM

### STRICTLY CONFIDENTIAL

The information contained herein may be required by the organisers and medical practitioners whilst away on tour in the event of a passenger requiring treatment.

Passenger's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Next of Kin: (full name) \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare #: \_\_\_\_\_ Medical Insurance: \_\_\_\_\_

Date of last tetanus booster/needle: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Condition		Specify Condition	Special Action
Allergies	YES / NO		
Asthma	YES / NO		
Epilepsy	YES / NO		
Diabetes	YES / NO		
Bee Stings	YES / NO		
Blood Pressure	YES / NO		
Heart Disorder	YES / NO		
Hearing or Ears	YES / NO		
Motion Sickness	YES / NO		
Ongoing Medical Condition	YES / NO		
Other	YES / NO		

Is the above-named passenger on medication? YES / NO

Please list tablets/medicine and the time to be taken, (if insufficient space please attach a letter)

**COVID-19 Vaccination:** Please attach your vaccination certificate with this Medical Authority Form. For the safety of everyone on tour, all passengers MUST be triple vaccinated before joining the Burrup tour. All passengers will also need to fill out our Covid-19 Information Sheet prior to joining the group.

**Special Dietary Requirements: (medical or religious)** \_\_\_\_\_

I give permission for the person in charge of the tour to seek medical assistance for the above-named passenger should the need arise. YES / NO

I understand that this tour requires participants to be reasonably fit. I understand that travel to and from Karratha involves long periods of time sitting on a coach with regular comfort stops en-route. I understand that all passengers must be independently mobile and able to negotiate unstable ground whilst walking over rocky outcrops to view the rock art. I understand that all passengers must be prepared to walk over the rocky outcrops in the heat of the day. I understand that passengers suffering from any pre-existing conditions, that could cause them problems due to the nature of this tour, are advised to consult their doctor before booking. I understand that it is strongly recommended that all passengers take out comprehensive travel insurance prior to departure. YES / NO

\_\_\_\_\_  
Passenger Date: \_\_\_\_/\_\_\_\_/\_\_\_\_