



## HEALTH INFORMATION AND DIETARY REQUEST FORM

A copy of this Confidential Health Information Form must be completed for each traveler and returned to A.K. Taylor International Limited. After the form has been submitted to A.K. Taylor International, Limited, it is the traveler's responsibility to advise us of any changes that may impact his or her participation in this tour. A.K. Taylor International, Limited reserves the right to refuse participation in the tour to anyone if it decides, in its sole and unreviewable discretion that person's physical, medical, or other condition creates a risk to that person or anyone else.

NAME AND DATE OF BIRTH: \_\_\_\_\_  
COUNTRY/COUNTRIES VISITING AND DATES OF TRAVEL \_\_\_\_\_

Do you have a physical, medical, or other condition that could adversely affect you or others on this tour?  NO  YES If yes, please explain.

Are you now, or have you been in the past five years, under the care of any healthcare professional for a physical, medical, or other condition?  NO  YES If yes, please explain.

Do you have any difficulty in walking? Is your physical agility in any way impaired? Do you use crutches, a cane, or a wheelchair? Is your physical ability in any way impaired?  
 NO  YES If yes, please explain.

List all medications you are taking at the present time and their dosage.

Do you have any special dietary needs or preferences?  NO  YES If yes, please explain.

Do you have any allergies (i.e. bee stings or specific food)?  NO  YES If yes, please explain.

Have you ever experienced discomfort or illness in high altitudes? (If you are visiting an area of high altitude, we strongly advise that you consult your physician prior to travel.)  
 NO  YES If yes, please explain.

Please provide additional information about any physical, medical, or other condition that might affect your participation in this tour.