



MEDICAL FORM

Customer information (user of Mountain Traveller Croatia service) – bold the correct answer

Name and surname		
Gender	a) M	b) F
Age		
Country		
Telephone number or e-mail		
For under age 18 indicate the name of the person responsible parent or guardian	Name and surname:	Parent or guardian signature:

Note: Datas in the medical form are confidential and are used only for the purpose of clients safety and preventing possible injury during performing the selected activity.

1. **Do you suffer from chronic diseases (hypertension, diabetes, asthma, joint diseases, mental illness, epilepsy etc)?**

YES NO

If YES, please specify: _____

2. **Are you using any medications?**

YES NO

If YES, please specify: _____

3. **Whether you are a smoker?**

YES NO

4. **Are you consumer of alcohol or other intoxicants?**

YES NO

If YES, please specify the intoxicants: _____

5. **Are you afraid of heights?**

YES NO

6. **Do you know how to swim?**

YES NO

7. **Do you have good enough eyesight to participate in outdoor activities?**

YES NO

With my signature I guarantee that I entirely understood all the questions and that I am fully responsible for the accuracy of the informations. Also by signature I confirm that the participation in the activities organized by Mountain Traveller Croatia is voluntarily and I participate in them by own risk.

Signature: _____

Date and place: _____