

MEDICAL & FOOD INFORMATION



PART I. GENERAL INFORMATION

This medical & food information form helps us ensure a safe experience for you. If we have any questions about your ability to complete the trip, we will call and discuss it with you. If after this discussion it is decided that it would be unwise for you to participate in the trip, we will provide a refund in accordance with the booking terms and conditions. Unfortunately, we cannot cover or refund costs of medical examinations or other expenses that you may incur preparing for your trip.

Name _____ Male Female

Postal Address _____

City/Town _____ Prov/State _____ Post/Zip Code _____

Country _____ Contact Phone Number (_____) - _____ - _____

Email _____ Age _____

Date of Birth _____ / _____ / _____
DD MM YYYY

Emergency Contact Details:

Name _____ Relationship _____

Postal Address _____

City/Town _____ Prov/State _____ Post/Zip Code _____

Country _____ Contact Phone Number (_____) - _____ - _____

Email _____ Age _____

EACH PARTICIPANT IS RESPONSIBLE FOR ANY MEDICAL EXPENSES INCURRED DURING THE TRIP INCLUDING MEDICAL EVACUATION AND SHOULD BE COVERED BY THEIR OWN MEDICAL INSURANCE. WE HIGHLY RECOMMEND THAT YOU TAKE OUT PRIVATE MEDICAL INSURANCE THAT WILL COVER YOU IN THE EVENT AN EVACUATION IS NECESSARY.

In the event of an emergency requiring hospitalization, please provide answers to the following:

1. Are you covered by a public/provincial medical plan? Yes No

By which province or state? _____ Health card number _____

2. Do you have other private medical insurance coverage? Yes No

Name of Insurance Company _____

Policy number _____ Address _____

PART II. MEDICAL HISTORY

This is to be completed by the participant. Parent or Guardian must also sign if the Participant is under 19 years of age.

Please note, if you commence this trip with a pre-existing medical condition or injury which is not indicated on this form and you are subsequently required to leave the trip because of this condition, you will be charged an evacuation fee and will not be entitled to any refund. Please understand that this is to ensure your safety and the safety of the other participants.

3. Please give a brief statement of your general health: _____

Height _____ cm ft Weight _____ lbs kg

4. Do you have, or have you had any serious or ongoing medical problems/ conditions? Yes No

If yes please describe _____

5. Are you taking any medications Yes No

If yes, please complete the table on the following page. Please note, if you are taking medication(s), please bring an extra week's supply in a waterproof, non breakable container(s) with respective dosage instructions.

11. Do you have asthma? Yes No

12. Do you have any fear of the following:

- Claustrophobia (fear of confined places) Yes No
Agoraphobia (fear of open areas) Yes No
Acrophobia (fear of heights)? Yes No

13. Do you suffer from any conditions that prevent or limit you from participating in physical activities? Yes No

If yes please describe symptoms _____

14. What is your current swimming ability?

Non-swimmer Can swim at least 100 meters Strong swimmer

It is strongly recommended that participants of any water based activities be able to swim at least 100 meters confidently while wearing a personal flotation device.

Part III. Dietary, Food Sensitivity and Food Allergy Information

15. Please check any of the food allergies/dietary restrictions below that apply to you:

Lactose Intolerance Gluten Intolerance Wheat Intolerance Vegetarian Vegan Kosher
Nut Free No Seafood Other

16. Please briefly describe your dietary needs/allergies and specifically identify their cause(s) (i.e. allergies, personal choice):

17. If your dietary restriction is an allergy, please indicate what causes or triggers the allergic reaction:

Ingesting the food Yes No
Touching the food Yes No
Proximity of the food Yes No

Please describe your reaction in detail if you checked 'Yes' for any of the above:

18. Please list and further explain your dietary restrictions by completing the table below:

Food	Type of Exposure	Reaction

19. What do you use as a food substitute? Please include specific brand names where applicable:

20. Do you require a specialized schedule for meals and/ or snacks: Yes No

If yes, please provide details below:

Consent is hereby given for the applicant to participate on a trip to Torngat Mountains Base Camp and National Park and permission is given for any emergency first aid, hospitalization or other treatment which may become necessary. I understand that the program involves physically and mentally strenuous activity in a remote wilderness area far removed from the facilities of civilization.

The information provided above is a complete and accurate statement of the physical and psychological factors, which may affect my participation on a trip to Torngat Mountains Base Camp and National Park. I realize that failure to disclose information could result in serious harm to myself and fellow participants and agree to indemnify and hold Torngat Mountains National Park Reserve, Parks Canada, Air Borealis, Government of Canada, Nunatsiavut Government, Nunatsiavut Group of Companies harmless if all relevant information is not disclosed.

The collection and use of information in this form is subject to PIPEDA, Federal Private Sector privacy law. Any issues about the information collected should be directed to the Customer Experience Expert. Each individual has the right to access his/her own information at any time whether to correct/ amend or otherwise. Collected information will only be stored until the trip is complete, then it will be destroyed. Air Borealis is responsible to adequately safeguard the collected information. Information will not be shared with any third party that isn't required to deliver the services.

Participants Name (please print)

Participants Signature

Parent or Guardian if participant is 19 years of age or under
(please print)

Parent or Guardian Signature

Date ____ / ____ / ____
DD MM YYYY

