

## Seanalker.

## @ GREEN ISLAND

Great Barrier Reef Australia

Thank you for booking Seawalker.
In order to guarantee your place please fill in the medical questionnaire on the reverse side and contact Seawalker staff on the boat as soon as possible.

STAFF USE ONLY									
Booking/Customer's Name		Medical Form Okay: YES □ NO □							
Voucher No	Guide/Ph.	Form Checked By							
Booking Agent	Amount \$	Payment Method							
SW Tour Time	GI Departure	Other Activity Times							

## Thank you for booking Seawalker. In order to guarantee your place please fill this form and contact Seawalker staff on the boat as soon as possible.

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	Male □					cy contact phone:		
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	Recovering fi	rom any surgery	performed withi	In the past i	month?		YES 🗆	NO 🗆
	Taking any m	nedicine (except	oral contraceptiv	ves & seasion	ckness medication)?		YES	NO 🗆
	Expecting to	fly within the nex	xt 12 hours?				YES	NO 🗆
	Are you preg	nant?					YES	NO 🗆
	•	cen any alcohol w					YES	NO 🗆
				any of th	e following condit			
- 1		or other Lung Di		YES	NO 🗆	Heart Disease	YES 🗆	NO 🗆
		ures, or blackout		YES 🗆	NO 🗆	Pneumothorax	YES 🗆	NO 🗆
	Nervous Diso	orders, Depression	n	YES 🗆	NO 🗆	Chest surgery	YES 🗆	NO 🗆
	Brain, Spinal	Disorders or inju	iries	YES 🗆	NO 🗆	Epilepsy	YES 🗆	NO 🗆
	Chronic sinus	conditions		YES 🗆	NO 🗆	Ear surgery	YES	NO 🗆
	High Blood Pi	ressure BP	1	YES 🗆	NO 🗆	Radiation Therapy	YES 🗆	NO 🗆
	Ear problems	when flying		YES 🗆	NO 🗆	Diabetes	YES	NO 🗆
	Asthma			YES 🗆	NO 🗆	Bronchitis	YES	NO 🗆
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\_\_\_\_\_\_ Parent/Guardian Signature: \_

Pty Ltd, or any of its employees, officers, agents or assigns

Participant Signature: \_