CONFIDENTIAL MEDICAL FORM

Savanna Trails Confidential Medical Form.

The information you provide to Savanna Trails in this form will be used only to the extent necessary to provide medical care or evaluate fitness for travel. The collection, use, and disclosure of your personal information are governed by the Savanna Trails Privacy Policy, available at **Terms and Conditions.**

Who should complete this form?

If you have indicated that you have a pre-existing medical condition and will be traveling aboard the Expedition, you are required to complete this form.

Please note Savanna Trails will assess the information contained in this form, and reserve the right to ask for further physician assessment for any traveler.

Please ensure that you have confirmed with a medical professional that you are medically fit to embark on the travel you have booked.

Why do I need to complete this form?

We travel to remote areas where limited medical facilities exist. Should a medical emergency arise, we are armed with the necessary information to help you.

You must provide complete, accurate, and up-to-date information on this form to allow Savanna Trails to safely accommodate you. Savanna Trails reserves the right to deny boarding and/or passage to any passenger who is unable to be carried safely aboard the tour van, in the opinion of the Tour guide, and you may be removed from your trip with no refund or compensation available.

If you do not disclose a medical condition and are subsequently deemed to be unfit for travel due in whole or in part to such condition, Savanna Trails shall have the right to remove you from your trip with no refund or compensation payable.

If there are any changes to your medical condition or otherwise to your responses below after submission of the form to Savanna Trails, you must notify Savanna Trails immediately of that change. Savanna Trails reserves the right to request an up-to-date certification from a licensed physician in the event of such a change.

If the information contained in this form is found to be inaccurate as of your date of travel and you have not provided Savanna Trails with notice of such change, you may be removed from your trip with no refund or compensation payable.

If you completed this form 12 months or more before being free of first travel, you must provide Savanna Trails with current information before departure or confirm your information has not changed.

What happens if I do not complete this form?

In the event you have made a booking with Savanna Trails and are unable or refuse to complete this medical form for any reason by the final payment date as specified in our terms and conditions, Savanna

Trails reserves the right to cancel your booking as of that day and applicable cancellation penalties will apply.

**** Please return this form by e-mail to experiences@yoloug.com ****

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SECTION I – GENERAL INFORMATION: Please complete all fields

Name: ……

Trip Name: ……

Departure Date: ……

SECTION II – MEDICAL INFORMATION: Please complete all fields

1. During the last 5 years, have you suffered any significant illness, been hospitalized o,r required regular care by a doctor?

If YES, please indicate reason: _____

2. Have you ever had any of the following?

a) Tuberculosis, chronic bronchitis, emphysema, or any other lung problems?

b) Asthma affects my everyday activities and/or I use medication or an inhaler regularly

c) High blood pressure, heart or respiratory problems, or rheumatic fever?

d) Gout or arthritis or any back, leg, or foot problems?

e) Gastric or duodenal ulcer, colitis, or intestinal trouble?

f) Epilepsy or fits of any kind?

g) Kidney or bladder disease?

h) Diabetes, cancer, or tumor of any kind?

3. Do you have any physical limitations, handicaps, or prostheses? Do you have difficulty walking or using a device for mobility assistance such as crutches, a cane, or a wheelchair?

If YES, please specify: _____

4. Do you take medication or drugs related to a pre-existing medical condition?

5. Do you have any allergies, or reactions to any medication or drugs?

If YES, please specify: _____

6. Are you pregnant?

If YES, how many weeks pregnant will you be at the time of travel? _____

7. Are you affected by any other pre-existing medical conditions not listed above?

If YES, please specify: _____

**** Please return this form by e-mail to 'info@yoloug.com ****

CONFIDENTIAL MEDICAL FORM 2

SECTION III – MEDICAL PRACTITIONER FORM: To be completed by a licensed physician

Both yourself and your physician must sign this document.

Please advise your physician of the trip details, physical demands, location of the tour, and availability of medical facilities on your tour. Please contact us if you require any additional info concerning such details.

Passengers who are not fit for long trips or trips to remote areas for any reason, including mobility issues, heart, or other health conditions are advised not to join the tour, which would entail an unreasonable risk to your health and the enjoyment of all those aboard. Should any such condition become apparent, Savanna Trails has the right to decline or accept or retain you and any other passenger at any time before or during the trip.

Physician's Name:

_____

Phone Number: _____

Email: _____

Office Address:

_____

Please list any current medical conditions, infirmities, disabilities or physical limitations:

_____

_____

_____

Please list all medication currently taken.

_____

_____

If this patient has been hospitalized, or had surgery, at any time during the last 5 years, please tell us when and why:

_____

_____

We have read the trip details and am familiar with both the physical demands, and the remote location(s) of this trip, and the fact this tour may travel far from any medical facilities. We are also aware that this trip may not be suitable for persons with mobility issues and conditions on the trip may pose an increased risk or be inaccessible to passengers with mobility issues. With this knowledge, we have considered the suitability of this trip, and to the best of our knowledge, we believe this person to be physically and psychologically fit to undertake this trip.

We further declare the answers provided above to be accurate and complete.

Physician signature: _____

Patient signature: _____

Date: _____

Date: _____

We travel to remote areas where limited, or no medical facilities exist. These trips are intended for travelers in reasonably good health without medical conditions that may require urgent medical attention of this level.