

FOR OFFICE USE ONLY

Date received _____
Date of trip _____
Travel specialist _____

UNCHARTED OUTPOSTS

SAFARI & TRAVEL CO.

PERSONAL & MEDICAL INFORMATION FORM**PERSONAL INFORMATION**

Name (as appears on your passport)

Mailing Address

City Zip

Home Telephone Fax:

Occupation

Business Telephone ext.

Business Fax

Email Address

Height Weight Age Birthdate M/F

Please describe your Health and Medical history:

Any other medical conditions we should be aware of:

Allergies or dietary restrictions (vegetarian?):

Please list any alcoholic preferences (local beer, wine, domestic spirits). Please note that we will try our best to provide your drink of choice.

Describe the nature and extent of your camping, hiking, horseback riding, or other outdoor experience:

Please list any special occasions while on your trip:

DOCTOR INFORMATION

Name

Address:

Telephone:

City:

Zip: