

HEALTH & EVENTS INFORMATION FORM

Each traveler **must** complete a copy of this **CONFIDENTIAL** Health Information Form which will be provided to your hotels/lodges to insure your safety during your stay. Please return completed form to Safariline 60 days prior to travel date so we have current health status to provide the lodges and ground handlers.

Traveler Name: _____

(Exactly as appears on passport)

Departure Date: _____ Traveler Date of Birth: _____

Current Address: _____ Current Tel: _____

Current Shipping Address: _____

Weight & baggage restrictions

Current weight: _____

Having to comply with very strict controls and legislation regarding weight on aircraft, the carriers must account for passenger weight, luggage and fuel requirements. Therefore, in order to operate efficiently and maintain a strict focus on safety and quality air service, it is vital to manage all weight and balance calculations ahead of time. For this reason, ALL guest weights are required prior to travel. If weights are not provided in advance and additional aircraft needs to be arranged at time of flight, you could be liable for the relevant costs. Luggage weight restrictions: 20 kg (44 lb) per person in a soft bag including camera equipment and hand luggage.

Physical Condition

Do you have a physical disability or condition that requires frequent or ongoing medical attention?

No

Yes

If yes, please explain in the space below:

Are you now, or have you been, in the last five (5) years, under the care of a physician for any serious medical or surgical problem?

No

Yes

If yes, please explain in the space below:

Do you have any difficulty walking? Is your physical agility in any way impaired? Do you require assistance in walking (or use crutches, a cane or a wheelchair?)

No

Yes

If yes, please explain in the space below:

Do you use a Cpap machine that may require electricity/power ?

No

Yes

If yes, Overnight Daytime Other (explain below):

Have you ever experienced discomfort or illness due to high altitudes (3,500 feet or higher)?

No

Yes

If yes, please explain in the space below:



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Dietary Requirements / Allergies:

Do you have any food or drink preferences or dislikes?

No

Yes

If yes, please explain in the space below:

Do you have any special dietary requests or dietary restrictions that are a medical necessity?

No

Yes

If yes, please explain in the space below:

Do you have allergies?

No

Yes

If yes, please explain in the space below:

Additional Health /Physical Condition

Please use the space below to share any additional information pertaining to your health or physical condition:

Compulsory Travel Insurance

Travel insurance has been purchased through: _____
{Name of insurance carrier}

Events

If you or anyone in your party will be celebrating a **SPECIAL EVENT** while in Africa (such as a birthday or wedding anniversary) we would like to acknowledge the occasion.

Event (Please check):

BIRTHDAY

WEDDING ANNIVERSARY

OTHER (specify): _____

Date of Event: _____

Comments: _____

Special Interests

Do you have any special interests?

No

Yes

If yes, please explain in the space below:

Would you like your safari activities focused on a specific topic such as birding, flora, photography, etc?

