

MEDICAL FORM
(confidential)
PLEASE ALSO SEE SECTION 7
OF OUR TERMS & CONDITIONS



www.dolphinandwhaleconnection.com
The Dolphin & Whale Connection, 111 Carden Hill, Brighton BN1 8DA
Tel: 01273 882778 Email: info@dolphinandwhaleconnection.com

It is your responsibility to inform us in detail about your health so we can advise you appropriately about your participation in the activities both on the boats and in the water and make you aware of any risks you may be undertaking. If you need further space to elaborate on any answers please continue overleaf. Please return as email to info@dolphinandwhaleconnection.com or the address above.

First Name:

Family Name:

Date of Birth and Age:

Approximate Weight And Height:

Emergency Contact Name & Number:

Doctors Name, Address & Telephone:

Blood Type If Known:

With regards to travel or seasickness, please ensure you bring your preferred medication with you: pills, homeopathy, sea bands etc.

1. Please outline any pre-existing medical conditions or anything that may affect your full participation on the holiday. Please seek your doctor's consent if you have any medical condition that could in any way limit your participation or be of concern.
2. Do you suffer from any allergies? Please include any allergy to food or medication.
3. Have you had a tetanus injection in the last 5 years? It is not essential to have one but good to know in emergency.
4. How strong are you as a swimmer? Please circle if you are on a swim with dolphins holiday, not applicable for whale watching.

Less than 15 metres	15 – 50 metres	50 – 100 metres	100 metres +
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5. Have you had any experience of snorkeling in open water?
6. Are there any physical activities you may have difficulty taking part in?
7. Are you taking any form of medication? Please give name of medication, the condition being treated and dosage.
8. Do you suffer from heart disease, epilepsy, diabetes, asthma or any other medical condition? Please give clear instructions about the condition and medication.
9. Please detail any previous injuries or operations - do you have any history of muscular / spine / joint problems?
10. Is there anything else at all that The Dolphin Connection / Dolphinswims should be made aware of regarding your physical, mental or emotional health which would help us to support your participation in this trip? Please inform us of any changes in your physical, mental or emotional health before your holiday.

Please bring all relevant medical insurance documents with you. In all circumstances consult your medical practitioner for advice if you are unsure about your health or fitness for this holiday. It is essential that you carry full medical insurance to cover you in the event of illness while on the holiday. If you need medical care, our suppliers will direct you to the appropriate services and assist in any way they can to get prompt medical attention. It is your responsibility to check our procedures if there is anything you wish to know about in advance.

Declaration

In the event of my needing emergency medical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities, I consent that a representative of Dolphinswims or the Dolphin Connection will give consent on my behalf, having first contacted my next of kin. I have honestly declared all information about my health. I agree to comply with the terms and conditions which I have read and supervision of Dolphinswims or Dolphin Connection guides regarding my participation in the program.

Signed:

Date: