



MEDICAL CERTIFICATE

Please complete and sign and return to Manaca, Inc., P.O. Box 3617, Washington, DC 20027, USA.

TRIP NAME _____

TRIP DATE (MM/DD/YY) _____ DESTINATION _____

Traveler's Medical Information

Name *(please print as it appears on your passport)* _____

Sex _____

Height _____ *(in feet and inches)*

Weight _____ *(in pounds)*

Age _____

Blood type _____

	Yes	No
<input type="checkbox"/> Are you currently under a doctor's care?	?	?
<input type="checkbox"/> Do you suffer from any of the following:		
<input type="checkbox"/> Allergies	?	?
<input type="checkbox"/> Arthritis or rheumatism	?	?
<input type="checkbox"/> Back, leg or foot trouble	?	?
<input type="checkbox"/> Diabetes	?	?
<input type="checkbox"/> Gastric or intestinal disorders	?	?
<input type="checkbox"/> High blood pressure	?	?
<input type="checkbox"/> Physical disability	?	?
<input type="checkbox"/> Respiratory disorders (i.e. asthma)	?	?
<input type="checkbox"/> Have you at any time suffered from:		
<input type="checkbox"/> Cancer	?	?
<input type="checkbox"/> Depression	?	?
<input type="checkbox"/> Epilepsy	?	?
<input type="checkbox"/> Heart attack	?	?
<input type="checkbox"/> Mental illness	?	?

Please use extra paper to answer any of these questions if necessary.

If you answered "Yes" to any of the questions above, please provide a detailed explanation, including the date of the last incidence or illness occurred.

Please describe any health concerns (i.e. allergies, disabilities, medications, etc.) including anything that you believe may affect your ability to undertake the tour that you are booking.

What medications do you take regularly?

Please describe your regular physical exercise routine.

Declaration

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I have read the Manaca, Inc. Terms & Conditions and the information that I have supplied on this medical certificate is accurate to the best of my knowledge.

Signature _____ Date _____

If you are over age 65, in addition to completing this Medical Certificate, you must have a doctor's signature to confirm that you are able to undertake the tour that you are booking.

Doctor's Signature _____ Date _____

Doctor's Name _____ Telephone () _____ - _____

The Medical Certificate is required on certain Manaca tours because it is important to take precautions when traveling overseas. Our number one priority is your safety. Travel conditions in many parts of the world are of lower standards than in the United States. Medical facilities may not be on par with those to which you are accustomed. Therefore, Manaca, Inc. reserves the right to disqualify anyone at any time before or during a tour for medical or psychological reasons. Please know that we reserve this right only because we aim to protect your welfare and the welfare of the group.