



WILD EARTH JOURNEYS

www.wildearthjourneys.com

REGISTRATION FORM

Name: _____

Street Address: _____

City, State, Zip: _____

Phone (Work, home, mobile): _____

Email Address: _____

Passport No.: _____

Expiration Date: _____

Age: _____

Height: _____

Weight: _____

****Please answer the following questions to the best of your ability, giving details in the space provided or on the back of this sheet:***

What is your intention for this trip?

Have you ever been to Nepal or other less developed nations? Please describe.

Is there someone with whom you would like to room with on this trip?

Are you planning on purchasing the single supplement?

MEDICAL PROFILE

During your trip, you will be exposed to circumstances and living conditions that are likely to differ from those at home. Our daily schedule, food and drink, and physical activity may differ from your regular lifestyle. Because we want our trip to be safe and pleasant for all participants, we require that you complete this Medical Profile. It is essential that Wild Earth Journey be informed in writing (below) of any medical condition you might have which requires regular treatment or which may be affected by vigorous activity, high altitude, heat, cold or other natural phenomenon or particular foods. We will treat this information as confidential. We do, however, encourage you to share information about preexisting conditions and any personal concerns with others in your group, so they can help you in the best way possible in any emergency.

PLEASE MAKE SURE TO ANSWER EACH QUESTION, EVEN IF THE ANSWER IS "NO"

Please answer the following questions and then describe your overall physical condition with details of any physical health problems, medical conditions or diseases (including symptoms, treatment, and present conditions). Use back of sheet if necessary.

Hypoglycemia

_____ Yes _____ No

Altitude sickness:

_____ Yes _____ No _____ I don't know

Susceptibility to headaches:

_____ Yes _____ No

(If yes, please explain)

Hospitalized in the last year?

_____ Yes _____ No

(If yes, please explain.)

Appendicitis:

_____ Yes _____ No

Date: _____

Epilepsy:

_____ Yes _____ No

Heart problems/Blood pressure:

Yes No

(If yes, identify and explain)

Kidney disease:

Yes No

(If yes, identify and explain)

Back, knee or other joint injuries?

Yes No

(If yes, identify and explain)

Diabetes:

Yes No

History of mental health conditions:

Yes No

(If yes, identify and explain)

Do you smoke?

Yes No

Do you snore?

Yes No I don't know

Please describe your emotional and mental condition with detail of any mental health conditions such as significant depression or anxiety, panic attacks, manic depression, schizophrenia, etc. (including symptoms, treatment, and present condition).

Are you currently under the care of a medical professional?

_____ Yes _____ No

(If yes, identify and explain. A medical release must be provided by your doctor.)

Do you have any other medical conditions which might affect your ability to participate in this trip?

_____ Yes _____ No

(If yes, identify and explain)

OTHER CONCERNS:

Allergies (including insect bites/stings and reactions to medications):

Please list any restrictions or food preferences in your diet.

Please list prescribed medications you are currently taking and the related condition.

Medications & remedies that you will be bringing on the trip.

Who is your primary care physician?

Medical group name: _____

Physician phone number: _____

Physician/medical group address: _____

Health Insurance Provider: _____

Health Insurance Provider Number: _____

**You must purchase travel insurance and send us the company name and certificate number. We require this because if there is a medical emergency, you need to have this coverage overseas, especially if an evacuation is needed.*

Travel Insurance Provider: _____

Travel Insurance Policy Number: _____

Travel Insurance Contact # in US: _____

Travel Insurance Contact # Internationally: _____

*You can go online and search on "compare travel insurance" and will find several sites that compare prices and coverage.

EMERGENCY NOTIFICATION

Please name two people who will be available to contact in case of an emergency:

Name (1): _____

Does this person know you are participating in this journey?
Yes _____ No _____

Relationship: _____

Phone: _____

Address: _____

Fax: _____

Email: _____

Name (2): _____

Does this person know you are participating in this journey?
Yes _____ No _____

Relationship: _____

Phone: _____

Address: _____

Fax: _____

Email: _____

***Any other special requests that you would like to make?**

Traveler's Signature:

Name (print): _____

Date: _____

*Please fill out and sign the following release forms and return to:

THOMAS KELLY

email: tkelly@photo.wlink.com.np

CARROLL DUNHAM

email: carroll@wildearthnepal.com