

## HEALTH, FITNESS AND MOBILITY QUESTIONNAIRE

We ask you to answer the following questions which have been designed to ensure your personal safety and enjoyment during your tour, as well as allowing us to determine if we are able to fulfill our duty of care to you based on your individual needs. The information you provide will be treated confidentially and will be used only to check that the transportation, accommodation and facilities on tour are suitable for you. Please answer the following questions.

### DIETARY REQUIREMENTS AND ALLERGIES

1. Do you have any special dietary requirements? ..... YES | NO  
If YES, please provide details and advise if your dietary requirement is related to a medical condition?

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2. Do you have any allergies? ..... YES | NO  
If YES, please provide details and severity

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### MOBILITY

3. Are you able walk 500m to 1km without assistance? ..... YES | NO  
(with stops, are you able to negotiate uneven, undulating, and sometimes challenging terrain)  
If NO, please provide details outlining your limitations

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4. Are you able to travel to unfamiliar places without assistance? ..... YES | NO  
If NO, please provide details outlining your limitations

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5. Do you use a mobility aid? ..... YES | NO  
If YES, will you bring your own mobility aid? ..... YES | NO

If YES, please answer the following:

a. Walker | Wheelchair | Scooter (please select one)

b. Dimensions of the mobility aid (when collapsed) \_\_\_\_\_

c. Weight of the mobility aid \_\_\_\_\_

d. Is the mobility aid battery powered? ..... YES | NO

6. Are you able to embark and disembark touring vehicles and ships, without assistance? ..... YES | NO  
(gang planks with/without handrails, and climb multiple and narrow stairs)  
If NO, please provide details outlining your limitations and also answer Question 7

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7. Are you travelling with a companion or carer who is able to provide the assistance you need? ..... YES | NO  
(to enter buildings, disembark and embark ships, aircraft, coaches, zodiacs, small/inflatable boats, etc)  
If YES, please provide the name of carer/companion and your relationship

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## MEDICAL

8. Are you taking any medical equipment to assist you? ..... YES | NO  
(e.g. insulin pens, sleep apnoea device, oxygen, etc)

If YES, please provide details

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9. Do have any conditions that may cause you to experience memory loss or become disoriented? ..... YES | NO

If YES, please provide details and also answer Question 7

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10. Are you asthmatic or do you have other breathing difficulties? ..... YES | NO  
(Note: travelling to high altitudes is not recommended)

If YES, please provide details:

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11. Do you require supplementary oxygen? ..... YES | NO

12. Are you currently taking medication? ..... YES | NO

If Yes, are you able to administer your own medication? ..... YES | NO

If No, are you travelling with a carer or companion that is able to administer your medication? ..... YES | NO

## ADDITIONAL INFORMATION

13. Please provide a brief description of any other relevant medical information that are not covered in the previous sections  
(e.g. Parkinson's disease, hearing/vision impairment, diabetes, etc)

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## IMPORTANT INFORMATION

This information will be passed onto all relevant travel suppliers, who will do their best to meet your needs. It is important to remember:

- Supporting your special requirements cannot be guaranteed. Providing the information you have supplied is accurate, we will advise where we are unable to provide you with the additional support you need.
- Safety and security restrictions mean you may be limited in what equipment you can take with you.
- To ensure you receive the appropriate services at airports, airlines must be advised of your needs for assistance at least 48 hours before you board. Travel agents, tour operators and airlines themselves must have the systems in place to collect this important information and to pass it on. Where these arrangements have been made by APT, we will pass on the information directly to the airlines.

## DISCLAIMER

I confirm that the information provided on this questionnaire is both true and correct and I understand that there is no guarantee that all these needs will or can be met. I agree that APT will offer a recommendation based on the information I have provided. I also understand that this information will be passed on to those responsible for supplying all the arrangements for my travel, and that my information will not be communicated to any party which is not directly responsible for the supply or delivery of my travel arrangements. I further confirm and agree that should I choose not to disclose information which subsequently requires me/us to return or be repatriation home from a tour or cruise, that APT is not responsible for any costs associated with cancellation penalties or the return of passengers from a tour, and a refund for any forfeited touring cannot be claimed. I acknowledge that it is my responsibility to provide APT with updated information regarding my personal requirements immediately, should my circumstances change.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full name (print) \_\_\_\_\_ Booking Number \_\_\_\_\_