



Passenger Information

Full Names	
Booking Reference	
Details of Next of Kin	
Relationship	
Contact number	
Alternative contact number	

Passenger Diagnosis- Yes/No – Reason where applicable

Is the traveller able to walk for 3 or more hours without assistance?	
Can the traveller sit for 3 hours or more?	
Is the traveller able to climb the stairs to get on and off the coach comfortably?	
Is the traveller able to perform safety procedures in a timeous manner?	
Will the traveller be able to evacuate the coach unassisted?	
Does the traveller require a wheelchair?	
Can the traveller eat unaided?	
Can the traveller use the bathroom unaided?	
Is the traveller on any medication will cause them to endanger any of the travellers or themselves whilst on tour?	
Can the traveller administer their own medication?	
Would the physical condition of the patient be likely to cause interference with or cause disturbance to other passengers or tour leader?	
Does the traveller require and escort?	

I _____ (Medical Practitioner) hereby certify that _____ is suitable for coach travel.

Medical Practitioners details _____.

Practice Number _____.

Date _____.

Contact Number _____.

Address _____.

Client Signature _____.

Furthermore, I hereby acknowledge that The Tour Company, Expat Explore or other services and tour or travel operators or its employee's agents (The indemnitees) shall not be liable for any harm caused to me. I waive and abandon any claim that I and or my fellow traveller may have against the Indemnites for any damages which I or my fellow traveller may sustain, while in the care of or under the indemnitees or otherwise caused directly to my fellow traveller/ child or myself.