

MEDICAL DECLARATION

Thank you for booking a trip to Nepal with Himalayan Sunrise!

Please complete this medical form and email it along with your booking form to Bishnu Rai (trek@himalayansunrise.com).

It is a condition of booking a trip with Himalayan Sunrise (HS), that you complete a medical declaration, advising us of any pre-existing condition that might reasonably be expected to increase the risk of you requiring medical attention, or that might affect the normal conduct of a tour and the enjoyment of other trip members. If you do not wish to complete a medical declaration, you will be required to provide a medical clearance to participate on the trip from a qualified medical practitioner.

Disclosing a pre-existing condition will help us to ensure you get the most out of our trip to Nepal. Where possible, we will make reasonable adjustments to the trip to ensure you can fully participate.

In circumstances where we believe your pre-existing condition would prevent you from participating in the trip, HS reserves the right, at its reasonable discretion, to cancel your booking and refund the money paid by you, less any unrecoverable costs. HS also reserves the right to cancel your participation in a trip at any time, including after the commencement of your trip, with no right of refund if your condition could be reasonably expected to affect the normal conduct of the trip and the enjoyment of other trip members.

The information you provide to HS in this form will be used only to the extent necessary to evaluate fitness for travel or provide care. We are committed to protect your privacy and will take all reasonable steps to keep your information secure. Please see HS [Privacy Policy](#).

Name	
Age	
Which trip are you booking?	<input type="checkbox"/> Wednesday 14 October - Saturday 31 October 2026 (Western Nepal) <input type="checkbox"/> Saturday 14 November - Sunday 29 November 2026 (Eastern Nepal)
During the last 5 years, have you suffered any significant illness, been hospitalised or required regular care by a doctor?	<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, please provide details....

<p>Do you have, or have you ever suffered from...</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Diabetes, cancer or tumour of any kind <input type="checkbox"/> Asthma <input type="checkbox"/> High blood pressure, heart or respiratory problems, or rheumatic fever <input type="checkbox"/> Tuberculosis, chronic bronchitis, emphysema or any other lung problems <input type="checkbox"/> Gout or arthritis or any back, leg or foot problems <input type="checkbox"/> Gastric or duodenal ulcer, colitis or intestinal trouble <input type="checkbox"/> Epilepsy or fits of any kind <input type="checkbox"/> Kidney or bladder disease <p>If yes, please provide details....</p>
<p>Do you have any physical limitations, handicaps or prosthesis? Do you have difficulty walking or use a device for mobility assistance such as crutches, cane or wheelchair?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes <p>If YES, please provide details....</p>
<p>Do you have any allergies, or reactions to any medication, food or anything else?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes <p>If YES, please provide details....</p>
<p>Are you pregnant?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes

	If YES, how many weeks pregnant will you be at the time of travel?
Are you affected by any other pre-existing medical conditions not listed above? Or is there anything else we should be aware about to ensure we can support you on the trip?	<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, please provide details....

By signing this form, I acknowledge that:

- I understand it is a requirement of booking with Himalayan Sunrise Trekking & Expeditions (p) Ltd. that I complete this medical form or provide a medical clearance from a qualified medical practitioner.
- It is my responsibility to ensure I am fully vaccinated for Nepal, including for COVID-19. Please consult the Australian Government’s Department of Foreign Affairs and Trade Nepal Travel Advice and your GP and/or a travel doctor.
- I must provide evidence of comprehensive travel insurance covering all activities of the trip.

If the participant is under 18 years of age, the booking form must be signed by a parent or guardian.

SIGNATURE:

FULL NAME:

DATE:

SIGNATURE OF PARENT/GUARDIAN:

NAME OF PARENT/GUARDIAN:

PHONE NUMBER OF PARENT/GUARDIAN:

EMAIL OF PARENT/GUARDIAN: