

# Medical Form

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The information you provide to CANDLES in this form will be held in the strictest confidence and will be used only to the extent necessary to provide emergency medical care as needed while abroad and/or evaluate fitness for travel. Please note that this may include sharing your data overseas to any country which you may be visiting as required.

## **Who should complete this form?**

Travelers must complete all questions within this form. If you have indicated that you have a pre-existing medical condition, you are also asked to complete Section C. The more information you provide to CANDLES, the better we can serve you in the event of an emergency.

Please note that CANDLES will assess the information contained in this form and reserves the right to ask for a physician assessment for any passenger. You should always consult with your physician before embarking on any extensive travel in order to ensure that you are medically fit, especially for an emotionally and physically challenging trip, such as this.

## **Why do I need to complete this form?**

CANDLES requires you to complete this confidential medical report so that all due care may be provided. Travel is intended for persons in reasonably good health and with full mobility. Travelers who are not fit for long trips for any reason, including mobility issues, disability, heart, or other health conditions are advised not to join the tour so as to avoid unreasonable risk to your health. Should any condition become apparent, CANDLES reserves the right to decline, accept, or retain any passenger at any time before or during the trip.

You must provide complete, accurate, and up-to-date information on this form in order to allow CANDLES to safely accommodate you during travel. If you do not disclose a condition, infirmity, injury, or ailment herein and are subsequently deemed unfit to travel due in whole or in part to such condition, infirmity, injury, or ailment, CANDLES shall have the right to cancel your travel arrangements with no refund or compensation payable.

If there are any changes to your physical/medical condition or otherwise to your responses below after your submission of this form, you must notify CANDLES immediately of the change(s). CANDLES reserves the right to request an up-to-date certification from a licensed physician in the event of such a change. If the information contained in this form is found to be inaccurate as of your date of travel and you have not provided CANDLES with notice of such change(s), your travel may be canceled with no refund or compensation payable. Information provided in this form must be supplied at time of registration.

## **What happens if I don't complete this form?**

In the event you have made a booking with CANDLES and subsequently are unable/refuse to complete this medical form for any reason, CANDLES reserves the right to consider your booking canceled as of that day.