# Medical Clearance – Fitness to Travel Form

**At Villa Carlotta Travel we don't put specific age limits on tours, but we do recognise some travelers are more active than others. We want to ensure travelers book on the tours best suited for them and their current level of fitness for maximum enjoyment and for safety reasons.**

**For passengers who have had recent surgery and/or are aged 75 years and over and looking to book a Highly Active tour (4 Foot and above);**
Passengers seeking to join a tour with a High Activity Level (4 Feet and Above) must be able to demonstrate a good level of general fitness through regular exercise or activity 3 times a week. For example, walking more than 2kms (walking for approx. 30mins) without rest stops and without assistance 3 times per week. Tour activities MAY include easy to moderate walks of 1 to 3 km, travel in 'local' transport (e.g. boats, 4WD vehicles, light aircraft), and ascending and descending flights of stairs.

*To secure your booking with Villa Carlotta Travel, please have your doctor complete the Medical Clearance Form (on page 3) and return it with your deposit advice form and deposit by the due date.*

**For passengers who have had recent surgery and/or are aged 85 years and over and looking to book an Active Tour (3 Feet and above);**
Passengers seeking to join a tour an Active Tour (3 Feet and Above) you require some fitness. Active Tours involve longer days filled with activities, excursions requiring standing and walking for extended periods of time and nature-based activities. You will be required to walk confidently over uneven ground and surfaces at a timely pace. Able to participate in walking tours without having to stop or sit down or rest for up to 1 hour with out a walking aid. Can manage flights of stairs and inclines multiple times and confident to walk over uneven ground and surfaces.

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Please contact our Travel Coordinators as soon as possible if you have any concerns regarding your capacity to undertake this holiday. Please refer your doctor to the itinerary for activities which are included in the holiday, and the activity levels described below to help determine your suitability for the tour.

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**Discovery and 4 Foot Tours**

If you have had recent surgery or are aged 75 years or over at the time of the tour departure date.

**3 Foot Tours**

If you have had recent surgery or are aged 85 years or over at the time of the tour departure date.

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| Relaxed | Moderate | Active | Highly Active | Challenging |
|---|---|---|---|---|
|  |  |  |  |  |
| You will be required to embark disembark coaches, trains and other transport via steps unaided multiple times each day. | Required to walk confidently and unaided with occasional inclines and stair climbs, some long days and multiple hotel changes during the holiday. | Walk for 30mins without a break, walk over uneven surfaces without the need for walking aids | Walk for up to 3 hours on any given day, walk over uneven surfaces and up/down short steep hills including creek crossings, soft sand and rocky surfaces | Tours feature physically challenging days in remote locations e.g. day walks, days at sea, and 4WD day trips in rugged terrain. Fitness is imperative |
| Stand for short periods of time without the need for assistance | Stand for up to 30mins without the need for assistance | Able to participate in walking tours without having to stop or sit down or rest for up to 1 hour | Able to walk and stand for up to 3 hours without the need to sit down | You will be required to walk confidently for up to 6 or more hours per day and have experience in outdoor pursuits. |
| You must be able to carry your own luggage and walk short distances. | You must be able to carry your own luggage and walk short distances. | Can manage their own luggage, and provide assistance to others | Can manage their own luggage and assist others in remote locations | |
| Travellers with walking aids (sticks and walkers) are welcome and those requiring accompanying assistance and/or a carer may consider these holidays. | May require assistance from their travel companion to board and disembark some modes of transport | Can board and disembark various modes of transport including 4WD coaches, light aircraft and small boats. | Can board and disembark various modes of small/ light transport and provide assistance to others. | |
| ** walkers and sticks permitted* | ** walking sticks permitted* | ** No walking aids permitted* | | |

*You must provide Villa Carlotta Travel with a copy of the following Medical Clearance Form. This form is to be completed by your Doctor who certifies you are fit and healthy enough to participate in all of the activities included in the tour itinerary.*

**PERSONAL INFORMATION - To be completed by the passenger**

| **Guest/passenger details** | | | |
|---|---|---|---|
| **Name** | | | |
| **Address** | | | |
| **Contact number** | | | |
| **Tour name** | | | |
| **Destination** | | **Departure date** | |

# Medical Clearance – Fitness to Travel Form

**Please take the following with you to your appointment:**

1. Tour itinerary as described ie your villa magazine. Alternatively you can review the itinerary by visiting www.villa.com.au
2. Confidential Passenger Health Record form for your Doctor to review.

**DOCTOR'S DECLARATION** - To be completed by the treating doctor
*I have read the Villa Carlotta itinerary and I certify that the above-named passenger has been assessed by me as fit to travel on the nominated tour as at today's date. I have reviewed the passengers Confidential Medical Clearance form and provided all the relevant information regarding the passenger which will be of assistance during an emergency. I further certify that this person is aware that having an immune deficiency and contracting a contagious virus could put themselves and others at risk, and may contravene relevant Quarantine or Health regulations whilst travelling..*

I, (name of doctor) _____ hereby declare that to the best of my knowledge, (name of passenger) _____ is fit to travel and complete the nominated tour on (insert date) _____

| Doctors Signature | Date | Clearance valid until | Qualifications |
|---|---|---|---|
| | | | |

| | |
|---|---|
| **Practice name** | |
| **Phone number** | |
| **Business hours** | |
| **After hours** | |
| **Address** | |

| | |
|---|---|
| **Stamp** | |

**PASSENGER DECLARATION - To be completed by passenger**

*I declare that the information contained on this Medical Clearance Form is accurate. I authorise Villa Carlotta Travel to use and release this information as required in the event of an emergency. I acknowledge that Villa staff are not medically trained and that Villa Carlotta Travel cannot guarantee that I will receive appropriate medical attention in any situation. I acknowledge that Villa reserves the right to refuse travel, notwithstanding completion of this form, if Villa considers that it is not in my best interests to travel.*

**Passenger's signature**_____ **Date**_____

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