

Villa Carlotta Travel — Health, Fitness and Mobility Form

Confidential — shared only with medical providers, tour leaders, or emergency services if needed. Complete a separate form per traveller and return with your deposit. Any questions: (08) 9754 2026.

Emergency Contact / Insurance			
Emergency Contact Name & Relationship:		Phone:	
Insurance Provider		Policy Number:	

Dietary, Mobility & Medical Information		
	YES	NO
1. Special dietary requirements? If yes, details:	☐ Y	☐ N
2. Allergies? If yes, details & severity (mild/mod/severe/anaphylaxis):	☐ Y	☐ N
3. Carry an EpiPen? If yes, where kept & who else knows how to use it:	☐ Y	☐ N
4. Diet: ☐ Vegetarian ☐ Gluten Free ☐ Lactose Intolerant ☐ Other: _____ (Special requests passed on but not guaranteed)		
5. Bring a mobility aid? Type: ☐ Stick ☐ Walker ☐ Other: _____	☐ Y	☐ N
6. Can manage stairs, touring vehicles or high steps unaided?	☐ Y	☐ N
7. Traveling with a companion/carer? If yes, name & relationship:	☐ Y	☐ N
8. Can step into a shower located over a bath?	☐ Y	☐ N
9. Can handle/manage own luggage? (Please keep luggage to a minimum, avoid bulky bags)	☐ Y	☐ N
10. Use medical equipment (insulin pen, CPAP, oxygen)? If yes, specify:	☐ Y	☐ N
11. Memory loss or disorientation concerns?	☐ Y	☐ N
12. Diabetic? Managed by: ☐ Medication ☐ Diet ☐ Insulin	☐ Y	☐ N
13. Currently taking medication? Administered independently, or by companion/carer?	☐ Y	☐ N
14. Any other medical/physical conditions we should be aware of? If yes, details:	☐ Y	☐ N
By signing, you confirm this information is accurate, accept that not all needs can be guaranteed to be met, agree to update Villa Carlotta Travel if circumstances change, consent to this information being shared with tour leaders, accommodation providers and medical/emergency personnel where reasonably necessary, and confirm you have read and accept the booking terms and conditions (www.villa.com.au).		

Booking Reference:		Print Name:		Signature:		Date: / /
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