



Oxalis Company Limited

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MEDICAL FITNESS QUESTIONNAIRE

SON DOONG EXPEDITION

Thank you for booking with us! We will ask you to complete a number of questions related to your fitness and medical history once you have selected your dates. These questions are to help us ensure you have a safe and enjoyable trek and are not intended to exclude you. Please be detailed in your answers otherwise your reservation could be rejected – “regular walking”, “going to gym”, are not considered detailed. Your full payment is required by credit card if your reservation is accepted.

Departure Date:

Return Date:

* Required

INFORMATION REQUIREMENT	PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8	PERSON 9	PERSON 10
Full Passport Name*:										
<i>Preferred Name/Nickname (if any):</i>										
Phone Number*:										
Email Address*:										
Gender*:										
Male										
Female										
Date of Birth*:										
<i>Must be over 18</i>										
Country of Residence*:										
Nationality*:										
Passport Number*:										
Meal Option*:										

Meat

Do you have any other medical or fitness conditions of which we should be aware? *											
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If you have answered "Yes" to any of the above questions, please provide more information here:											
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Can you carry out the following activities:											
Comfortably walk 10 kilometers/6 miles with at least one hill of 300-400 m/900-1200 ft?											
Walk confidently over rough ground, and be able to scramble up and down rocks and boulders?											
Easily climb over a wall about the height of your waist?											
Walk up 6 flights of stairs without stopping and without getting out of breath?											
Walk 3 kilometers/1.5 miles over rough ground in less than 1 hour?											
Climb up or down short steep slopes using a rope? (safety equipment will be used at all times)											

Please describe your daily/weekly exercise activities in detail: *											
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Please describe your caving, trekking, climbing, or outdoor experience in the last five years:*											
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Please list any additional relevant experience/information:											
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Special Requirements											
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If you are making your booking with others, please indicate if you would like a separate or combined invoice. If the invoice is combined, please indicate who will be on the same invoice as you.											
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