



Document 2: Hiker Information Sheet

(To be filled in by each hiker)

HIKER NAME & SURNAME.....GENDER.....AGE.....

HOME ADDRESS.....

.....

IDENTITY NUMBER PASSPORT NUMBER

TELEPHONE NUMBER: CODE..... NUMBER /..... /

DOCTOR TO BE CONTACTED IN A MEDICAL EMERGENCY

NUMBERNEXT OF KIN: CONTACT PERSONNUMBER:.....

MEDICAL INSURANCE DETAILS

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MEDICAL INFORMATION

1. Any previous serious illnesses or operations:

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2. Any history of epilepsy, blackouts, heat exhaustion, serious allergies to bee-sting or snake serum:

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3. Serious nervous disorders:

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4. General appearance and muscle development:

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7. Condition of heart and circulatory system:

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8. Condition of respiratory system:

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9. Abnormality of speech, gait, co-ordination:

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11. Eyesight:

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12. Sensory abnormalities:

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13. Abnormality of the skeleton or limbs:

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14. Diabetic illness:

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15. Allergies

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16. Dietary requirements:

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I hereby confirm that

- * The information above is correct at the time of the booked trail date,
- * It is my responsibility to inform the guide on the day of the emergency/normal medication and medical assistance I might require during the event
- * I do understand that the volunteers from the NSRI Station 34 in Yzerfontein is on standby for emergency situations, but only within the parameters of their organization

..... (SIGNATURE OF HIKER)

..... (DATE)

Please note that the organizers of the 16 Mile Slack Pack will handle all medical information communicated above in a confidential way and for this event only



Contact: 083 453 2336 | My16mile@yzerfonteinaccommodation.co.za