

# **FITNESS TO TRAVEL DOCTOR'S DECLARATION FORM**

## **SOUTH & CENTRAL AMERICA**

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Date: \_\_\_\_\_

To whom it may concern,

**RE: Medical clearance for travel – Bunnik Tours Pty Ltd**

I, Dr \_\_\_\_\_, am the treating medical practitioner for:

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

I have been advised that participation in a Bunnik Tours small group tour to South & Central America involves a range of physical and cognitive requirements, including but not limited to:

- Walking for 4–5 hours per day at a group pace, often in direct sunlight and on uneven surfaces, without the use of a walking aid;
- Carrying own luggage (including to/ from hotels where portage is not available);
- Walking up multiple flights of stairs and short, steep hills without assistance;
- Standing for extended periods, including in hot and/ or humid conditions, without needing to sit down;
- Using a combined shower/ bath (note: stand-alone showers may not be available at all properties);
- Getting on and off various forms of transport, including small boats, multiple times each day without assistance;
- Negotiating archaeological sites, which are often uneven, unstable and slippery
- Tolerating extended travel on rough, unsealed roads;
- Managing time spent at high altitudes (up to 3,000–4,000 meters, South America only);
- Independently managing their wellbeing, free time and responding independently to an emergency.



Based on my assessment, I confirm that the above-named patient:

- Is medically and cognitively fit to travel and fully participate in all tour activities as described above, without the need for special assistance from Bunnik Tours staff or suppliers.
- Does not have any medical, mobility, or cognitive condition (whether diagnosed or undiagnosed) that would affect their ability to safely participate in all tour activities or independently manage their wellbeing during the tour.

**OR**

- Is not medically and/ or cognitively fit to participate in the tour as described above. (If this box is ticked, please provide further details below.)

Additional Comments (if any):

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**Doctor's declaration**

I declare that the information provided above is complete and accurate to the best of my knowledge

Doctor's Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Medical Practice: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practice Stamp:

[Please affix practice stamp here]

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Pursuant to our Booking Conditions, it is a requirement that all travellers disclose any medical, mobility, or cognitive conditions that may affect their ability to safely participate in all tour activities

or independently manage their wellbeing during the tour, without the need for special assistance from Bunnik Tours staff or suppliers.

Please be aware that, in accordance with the Booking Conditions:

- If, during the tour, Bunnik Tours reasonably identifies that you have a medical, mobility, or cognitive condition (including but not limited to cognitive impairment or behavioural issues) that was not declared, and:
  - it materially affects your ability to safely participate in the tour;
  - places you, Bunnik Tours staff, or other travellers at risk;
  - requires special assistance that Bunnik Tours cannot reasonably provide; or
  - unreasonably affects the usual conduct of the tour,

then Bunnik Tours may cancel your participation in the tour.

In such cases:

- You will not be entitled to a refund for any unused services; and
- Bunnik Tours may arrange for your early return home and/or additional support, and you agree to reimburse Bunnik Tours for any reasonable costs incurred in doing so.

By completing this declaration, you acknowledge these conditions, and confirm that you have disclosed all relevant medical, mobility, or cognitive conditions as required. You must also notify us as soon as possible if any new or changed medical, mobility, or cognitive condition arises that would alter or affect the declarations you have previously made regarding your fitness to travel and ability to participate in the tour safely and independently.

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Thank you for completing all the necessary requirements to ensure the safety of all on our tours.

This completed and signed form must be scanned and emailed through to us at [sales@bunniktours.com.au](mailto:sales@bunniktours.com.au) within the next 30 days allowing us to proceed further with your booking.

If you have any questions, please feel free to call our Travel Specialists on **1800 286 645** or speak with your Travel Agent.

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