



Wildlife where you didn't expect it!

Please fill out this form and send it to us by mail tours@theurbanbirderworld.com at your earliest convenience.

PASSPORT DETAILS

Please, block capitals as shown in Passport.

Surname

Forename

Title (Mr or Mrs or Ms)

Sex (Male or Female)

Date of birth (dd/mm/yyyy)

Nationality

Passport number

Place of issue

Date of issue (dd/mm/yyyy)

Date of expiry (dd/mm/yyyy)

NEXT OF KIN DETAILS / EMERGENCY CONTACT

Full Name

Relationship

Emergency Contact Phone Number

Emergency Contact Email



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FLIGHT DETAILS

Please provide us with your flight details.

Outbound:

Departure Airport

Arrival Airport

Date (dd/mm/yyyy)

Airline and Flight number

Arrival Time (00:00 AM/PM)

Inbound:

Departure Airport

Arrival Airport

Date (dd/mm/yyyy)

Airline and Flight number

Departure Time (00:00 AM/PM)



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MEDICAL RECORD

This form is designed to make it easier to supply information that may affect your participation in any of our The Urban Birder Tours to ensure that you have a trouble free and enjoyable tour with us.

In the event of a medical problem the information you give below could be vital for your health and safety. The information is supplied in confidence and will be kept confidential. In certain situations, we may be required to use the information to consult with a doctor, hospital or medical centre providing help or advice. This may be done in an emergency or with your express permission.

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During the last five years, have you suffered any significant illness, or been in hospital, or needed regular care by a doctor?

Examples could include asthma, tuberculosis, chronic bronchitis, emphysema or any other lung complaint; high blood pressure, rheumatic fever heart complaints; gout, arthritis, back, leg or foot trouble; gastric or duodenal ulcer, colitis or intestinal trouble; epilepsy or fits of any kind; depression, anxiety state or mental disorder; kidney or bladder disease. If none, please write N/A (do not leave this field blank).

Have you had any other illness, injury, operation or treatment likely to affect your ability to complete your holiday successfully? If so, please note any details.

If none, please write N/A (do not leave this field blank).



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Have you had any allergies, or reactions to drugs?

We recommend that that anyone on medication or with a medical allergy (e.g. antibiotics) takes full details on holiday, written so it can be read by a foreign pharmacist. If none, please write N/A (do not leave this field blank).

Do you take any medication regularly? If so, please record them here, including quantities.

If none, please write N/A (do not leave this field blank).

Have you checked that your holiday insurance takes into account your medical history? Please note anything relevant along with insurance details.

If none, please write N/A (do not leave this field blank).



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Do you have any specific dietary requirements? Include allergies as well as particular dislikes or other special requests.

If none, please write N/A (do not leave this field blank).

I declare that the answers to the above are true and complete and that I expect to be able to complete the holiday without serious problems.

I agree to this information being available to the leader accompanying the party, and if need be to a doctor, hospital or medical centre providing help or advice.

Please return this form to us as soon as possible by email.

tours@theurbanbirderworld.com

This important information enables us to provide you with quality customer service.

I have read and understood the booking conditions on the website The Urban Birder World. I further understand that I have sole responsibility for ensuring that our passports are valid for at least 6 months beyond the date of our return and for obtaining all necessary visas unless specifically agreed otherwise.

.....
Signature (sign in your full name)

.....
Your Mobile

.....
Your Email

.....
Date

Thank you and have a great holiday!

