Participant Information Form (PIF)

Trip Date _____

Name (as it appears on your passport)_____

_____

Address _____

City _____ State _____ Zip _____

Birthdate _____ Age _____ Weight (for plane considerations) _____

Passport Number _____ Expiration Date _____

Citizenship _____

In an emergency notify _____ Relation _____

Emergency Contact Day & Night phone _____

Medical – Health History

Do you have or have you had any of the following medical conditions?

Cardiac Problems	☐YES	☐ NO	Bleeding Disorders	☐YES	☐ NO
Chest Pains	☐YES	☐ NO	Shortness of breath	☐YES	☐ NO
Chronic Illness	☐YES	☐ NO	Pregnant NOW	☐YES	☐ NO
Diabetes	☐YES	☐ NO	Learning Disability	☐YES	☐ NO
High Blood Pressure	☐YES	☐ NO	Allergy to stings/bites	☐YES	☐ NO
Stroke	☐YES	☐ NO	Food Allergies	☐YES	☐ NO
Seizures	☐YES	☐ NO	Mobility Impairment	☐YES	☐ NO
Back Trouble	☐YES	☐ NO	Sensory Impairment	☐YES	☐ NO
Blackout Spells	☐YES	☐ NO			

Please provide additional information for any “YES” responses above

Do you have any pertinent medical conditions that may affect you or others on the trip (other than listed above)?

How would you describe your general health?

List specific allergies and reactions (pollen, insect bites, foods, medications, clothing, etc)

Are you currently taking any prescription medications? If so, please list

List non-prescription medications taken regularly

Do you carry an epinephrine kit? ☐ YES ☐ NO
If YES, where? _____

Any previous First Aid or lifesaving experience? ☐ YES ☐ NO

Dietary Information for Meal Preparation

Please return this form as soon as possible, so we can make accomodations for your dietary needs.
Thank you!

Do you have any dietary restrictions, allergies or other considerations?

Do you drink coffee? ☐YES ☐NO Regular or Decaf _____

Do you drink tea? ☐YES ☐NO Caffeinated or Herbal? _____

Vegetarians/ Vegans/ Others - Please indicate the proteins/ items you DO NOT eat
☐Red Meat ☐Chicken ☐Fish ☐Shellfish ☐Bacon ☐Dairy ☐Onion ☐Cilantro
☐Chile ☐Gluten

* If you smoke, we ask you to please do so away from group activities. There is no smoking allowed in Pure Baja Travels tents. We will provide you with a container for disposal of cigarette ends. Thank you!

** Consult your physician with any questions or concerns you have regarding your personal fitness and physical/mental ability to participate in this adventure. You will be in a remote area with limited access to medical care.

Are you requesting a single supplement for your stay for an additional $150? ☐YES ☐NO

How did you find out about Pure Baja Travels?
_____
_____

Please complete and return this form upon receipt to:
Pure Baja Travels LLC
P.O. Box 4787
East Lansing, MI 48826

or email it to:
info@purebajatravels.com

If you have any questions, please feel free to contact us.

Thank you and we will see you soon!