

Tour Application Form**Water Adventure World Swordfish**

Date	Day	Month	Year	Hotel Name		
Name				M · F	Blood Type	
				Phone No.		
D.O.B	Day	Month	Year	Age		
Residential Address						
Emergency Contact	Name				Relationship	
	Phone No.					

Swordfish DO NOT take any responsibility, For customers actions and damage when not under surveillance, Any damage caused by natural disasters and Any belongings lost, damaged or stolen when taken to the tour.

Health Check Sheet

How do you feel today

☐ A. Feeling good and health

☐ B. Circle any of the below that applies

Cold/Flu High Blood Pressure Hung Over Blocked Nose

Dizzy Body Aches Fever Other ()

① 【Have you been diagnosed with any of the following】

- ☐ Nose (Sinus) ☐ Tympanitis ☐ Asthma ☐ Pneumonia ☐ Pulmonary Tuberculosis
- ☐ Spontaneous Pneumothorax ☐ Respiratory Organs Disease ☐ Heart Disease ☐ Alcohol Addiction
- ☐ Other ()

For anything checked, please provide details.

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② 【Blood Pressure】

- ☒ ☐ Very High ☒ ☐ High ☒ ☐ Average ☒ ☐ Low ☒ ☐ Very Low

If you are taking medication or regularly visting a medical practitioner for the reason of blood pressure, please write below the given diagnosis.

[]

③ 【Are you currently taking any medication】

[]

④ 【Have you been admitted to hospital for more than one day in the last month】

[]

⑤ 【Are you currently pregnant】

- ☐ Yes ☐ No

⑥ 【Have you had any alcohol today】

- ☐ Yes ☐ No

⑦ 【Do you have a Flight planned for the next 24 hours】

- ☐ Yes ☐ No

I admit that the information provided is true and read the terms and understood. Whilst customers are at the tour with Swordfish, you have insurance for any injuries, except injuries before and after the tours will not be and we will not take any responsibilities.

Signature

Day

Month

Year

Guardian Signature (for below 20 years)

SWORDFISH