

# KOSHER WORLD ADVENTURES

OFFERING KOSHER VACATIONS THROUGHTOUT THE WORLD SINCE 2015

## Health Declaration for the KWA applicant

If you answer in the affirmative to any of the questions you will need to provide KWA with a letter from the doctor stating that hiking will not endanger your health.

Any change in your health requires you to notify KWA.

- Do you suffer from heart disease? Yes / No
- Do you feel chest pains while resting? Yes / No
- Have you during the past year lost you balance due to dizziness including when being physically active? Yes / No
- Do you have Asthma or experience shortness of breath when you work out?
- Yes / No
- Has a first degree relative died from a heart disease or early sudden death? (before 55 for a man and 65 for a woman) Yes / No
- Has your doctor in the past five years told you that you should only do physical activity under medical supervision? Yes / No
- Do you suffer from a chronic disease not mentioned above that could prevent and make it difficult for you to hike? Yes / No
- Do you have any pre-existing injuries that could prevent and make it difficult for you to hike? Yes / No
- I am received the covid vaccination or have covid antibodies Yes/No

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_



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## Health Declaration for the KWA applicant

I, the signed below, declare that I have read and understood this declaration and all my answers are in the negative,

I declare that I have provided full and truthful information regarding my physical condition in the past and in the present, according to the above questions. Not providing full and truthful information will be grounds for you to be asked to leave with no refund.

### Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_