

KOKODA SPIRIT

PO Box 7293
Sippy Downs Qld 4556
Australia

Tel: (07) 5445 2758
Fax: (07) 5456 1649
Mobile: 0437 473 900

Email: enquire@kokodaspirit.com
Website: www.kokodaspirit.com
ABN 66 787 442 902

(Date)

Dear Doctor,

M intends to walk the Kokoda Trail in Papua New Guinea in March 2014.

The Kokoda Trail is 96 km long and we cover the distance in 9 days. The track is located in a mountainous and remote part of PNG. The track climbs to an altitude of 2190 m and over the complete track we climb more than 6000 m and descend over 6000 m in height. This part of PNG is hot, humid and wet with rough mountain tracks, narrow passes and numerous river and log crossings.

Conditions on the track are challenging, strenuous and physically demanding. High physical stress, dehydration and body overheating are major concerns for your patient.

A large part of the area that we trek in is **inaccessible by helicopter** or any other emergency service. **There is no access to emergency first aid or medical facility on the Kokoda Track.**

Please advise your patient that they need to be undertaking a suitable training program and they will need to be of a high level of fitness and in good physical condition. The trek is arduous and physically demanding, with particular demand on the heart, lungs, knees and joints.

Kokoda Spirit requires that each of our trekkers undergo and pass a medical and fitness examination.

We would appreciate your professional evaluation of your patient, to ensure they are physically able to meet the challenge of this strenuous activity.

- Please complete the medical assessment and return it to your patient so it can be returned to our office.
- Should your patient require an Exercise Stress Test, please arrange for this test to be completed as soon as possible. Please forward the results of the test to our office when available.
- If you consider there to be potential problems with cardiac or respiratory function, or if there is a family history of such problems, we require a stress test / ECG be performed.



Your patient will need prescription medications and any other medications you consider appropriate for them for:

- Anti-Malaria tablets
- Diarrhoea tablets
- Antibiotics (in case of sickness and/or infection)
- Anti-inflammatory medication
- Inoculations required
- EpiPen (if required for your patient)

There is nowhere along the Kokoda Track to get access to any medications.



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To be completed by examining Medical Practitioner

Patient Details

Name: Date of Birth:
Sex: M / F

**Please advise should your patient suffer from any of the following conditions.
If yes, please provide details below including, medications and current treatment.**

Any recent operations including knee or joint operations <i>(if Yes, please specify)</i>	Yes / No
Any pre-existing heart conditions <i>(if Yes, please specify)</i>	Yes / No
Heart Stents, By-Pass etc <i>(if Yes, please specify)</i>	Yes / No
Asthma	Yes / No
Type 1 Diabetes	Yes / No
Type 2 Diabetes	Yes / No
Epilepsy	Yes / No
Haemophilia	Yes / No
High Blood Pressure / Hypertension	Yes / No
Depression	Yes / No
Phobia's <i>(if Yes, please specify)</i>	Yes / No
Allergies of any kind including food allergies (e.g. bee stings, penicillin, peanuts, seafood etc) <i>if Yes, please specify</i> Please note: There are bees on the Track	Yes / No
Smoking History	Yes / No
High Cholesterol	Yes / No
Family history of heart disease	Yes / No <i>If Yes please consider a Stress Test / ECG</i>



Please advise the following information for your patient

Weight: [] (kg) Height: [] (cm) Waist: [] (cm)

BMI ** refer to below		Pulse Rhythm	Regular Irregular
---------------------------------	--	--------------	----------------------

Blood Pressure		Resting Pulse Rate	
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Blood Sugar Level		Urine Test Result	
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**** If your patient's BMI / waist measurement is above the healthy range, we will require you to assess and recommend if further testing is necessary (i.e. Stress Test) Yes / No**

Do you consider that your patient's heart and lungs are in good general health? Yes / No

Do you consider your patient to have cardiac risk factors? Yes / No

Please advise if you recommend your patient undergo one or more of the following:

Exercise Stress Test Yes / No
 Myocardial perfusions scan Yes / No
 Stress Echo Yes / No

Please forward all test results to our office as soon as available.

In your opinion is your patient **fit / unfit** or **able / unable** to complete the trek?

Any other comments:

I appreciate your assistance in taking the time to complete the medical assessment, as we treat the health and well being of our trekkers as our highest priority. If you would like any further information I can be contacted on (07) 5445 2758.

Regards

Wayne Wetherall
Kokoda Spirit Pty Ltd

Signed by Doctor:

Dated:.....

<p>Doctor's Stamp (Doctors Name, Phone Number, Provider Number)</p>



TO BE COMPLETED BY TREKKER

I (*insert full name*)

consent to the release of my medical information to the management staff of Kokoda Spirit and my Trek Master.

If a medical evacuation is required, Kokoda Spirit may pass medical information on to my travel insurance company and/or medical staff.

I understand that this information will not be released to any other party (other than the above) without my prior consent.

I consent to Kokoda Spirit contacting my Medical Practitioner to discuss any relevant details, and to my Medical Practitioner releasing any relevant information to Kokoda Spirit and its insurers.

.....
NAME

.....
SIGNATURE

.....
DATE

PLEASE POST ORIGINAL LETTER TO THE KOKODA SPIRIT OFFICE

NO LATER THAN 4 WEEKS BEFORE TREK DEPARTURE



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ASSUMPTION OF RISK

KOKODA SPIRIT PTY LIMITED AND KOKODA SPIRIT PNG LTD

By:

(Print your Full Name)

Address:

To:

Kokoda Spirit Pty Limited and Kokoda Spirit PNG Ltd and to the various land management authorities of property upon which adventure activities may take place (herein referred to as "you").

I am aware that:

- 1) the adventure trip in which I will participate will have (in addition to usual and inherent dangers and risks), certain additional dangers and risks [including physical exertion for which I may not be prepared, weather extremes which are subject to sudden and unexpected change and which make it very difficult to maintain services along the trail, remoteness from medical services, evacuation difficulties if I am disabled, and civil disorder];
- 2) walking the Kokoda Track is a dangerous recreational activity, involving a significant risk of physical harm.

I acknowledge that the challenge and excitement of adventure travel is derived in part from the inherent risks involved in travel and activity beyond the accepted safety of life at home or work, and that these inherent risks contribute to such challenge, enjoyment and excitement, and are part of the reason for my participation.

I agree to accept all the inherent risks of the proposed adventure trip, and accept the possibility of personal injury, death, property damage or loss resulting therefrom.

If I suffer injury or illness I authorise you to (at my cost), arrange such medical treatment and emergency evacuation service as you deem necessary for my safety, but acknowledge that such treatment or evacuation may not be possible or practical, or may itself involve risks, or be of limited benefit.

In consideration of your accepting my booking of an adventure trip:

- (a) I release you from and waive any and all claims I may now and in the future have against you, and release you from all liability (whether at common law or pursuant to any statute, and including arising out of any negligent act or omission) and agree not to sue you or your officers, employees, contractors guides, agents or representatives (collectively "staff") for any personal injury, death, property damage, loss or expense sustained by me as a result of my participation in an adventure trip with you, or in any vehicle or aircraft, or on land controlled by you, due to any cause whatsoever.



(b) I agree to indemnify and keep you indemnified against any claims, demands, charges, expenses, proceedings or other liability caused or contributed to by my visiting Papua New Guinea and my trekking the Kokoda Track, and the other risks and matters contemplated by this agreement, including any action taken by you in response to any injury to me.

I confirm that I am over the age of 18, that I have read, understood and agreed to this agreement and the Booking Terms prior to signing it, and agree that this agreement and the Booking Terms will be binding upon my heirs, next of kin, executors, administrators and successors.

I warrant that I have been medically certified physically fit to embark upon the proposed adventure trip by an experienced qualified Australian medical practitioner, and that I am to the best of my knowledge physically and mentally prepared for such trip.

I agree that interpretation of this agreement and my relationship with Kokoda Spirit Pty Limited and Kokoda Spirit PNG Ltd shall be exclusively governed in all respects by and interpreted in accordance with the laws of Queensland, and that this agreement shall be deemed to be entered into at Sippy Downs, Queensland.

Signed this day of 2014

X.....
Your signature

X.....
Signature of parent/guardian if I am under 18 years of age

X.....
Name of parent/guardian (who certifies they are authorised to sign on behalf of the person whose name appears at the top of this Agreement)



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Trekker Information

PLEASE RETURN PAPERWORK WITHIN 7 DAYS

PLEASE PRINT

Personal Details

(a) Full Name (as shown on Passport)

Mr / Mrs / Ms / Dr / Miss

(b) Postal Address

(c) Email Address

(d) Contact Phone No's

Home:

Mob:

1. Date of Birth

Weight (for assistance with flight arrangements)

2.

a. Passport No.

b. Expiry Date

c. Nationality

Note: Passports should be valid for at least 6 months from the date of intended travel. If you do not have a valid passport at the time of receiving this document, please complete all other questions and return this document to our office. Contact our office with your new passport details when available.

Flight Details / Travel Insurance

3. a. Name of Travel Agent booking your flight
- b. Phone No. of Travel Agent

4. **Arrival** – What is the **Date** / **Day of Week** / **Time** you are arriving into Port Moresby?

Date **Day of Week** **Time**

5. What is your Flight No.?

6. **Departure** - What is the **Date** / **Day of Week** / **Time** you are departing Port Moresby?

Date **Day of Week** **Time**

7. What is your Flight No.?

8. Travel Insurance Details

a. Name of Travel Insurance Company

b. 24 hour emergency number for the Insurance Company
(Note: This is not the phone number starting with 1300)

c. Your Policy Number

Note: We require the above Travel Insurance Details to contact your Insurance Company on your behalf to assist if a Medical Evacuation is required. Please attach 'Certificate of Insurance', to this document.

Note: Travel insurance offered by banks and credit cards, is unfortunately not accepted.

Trek Details

9. What is your trek date?

10. Doctor's Clearance

Kokoda Spirit will provide each trekker with a Doctor's letter, the original letter and any referral results must be returned to the Kokoda Spirit office no later than 4 weeks prior to your trek departure.

11. Please indicate should either of the following dietary requirements apply. Gluten Free Diet

Vegetarian Diet

12. Do you require a Personal Porter? Yes
(\$720 AUD, highly recommended) No

Note: Once you have arrived in PNG or at any stage throughout your trek, if you require a personal porter, you will be charged an extra 25% on top of the normal personal porter cost. Refer to our Booking Terms for information / charges regarding Personal Porters.

13. Camping Gear – Large Backpacks are available to hire for the duration of the trek. (Trekksers will pick up the backpack in PNG and after the trek leave the backpack with the Trek Master)

(If you engage a personal porter you must provide the personal porter with a large backpack)

Would you like to hire a Large Backpack (70 ltr)? Yes
(cost to hire \$75 AUD) No

14. Cool Dry T-Shirt, designed with a moisture absorbent fabric which draws sweat away from the skin and allows the air through to keep you cool – ideal for trekking!

Sizes – Please circle your choice of shirt size

Men sizes	Small	Medium	Large	XL	2XL	3XL
	51cm	53.5cm	56cm	58.5cm	61	63.5
Ladies sizes	10	12	14	16	18	
	46.5cm	49cm	51.5cm	54cm	56.5cm	

*Please Note: The above measurements are all **half chest measurements***

Maximum variation + / - 2 cm

The 'Cool Dry' shirts are round neck design

There is no charge for the Cool-Dry T-Shirt

Please choose size carefully, as we are not able to exchange shirts once they have been sent out.

Booking Terms

15. Kokoda Spirit has supplied you with a copy of our Booking Terms.

I have read and understood and I accept and agree to the Kokoda Spirit Pty Ltd Booking Terms.

Trekker's Full Name _____

Signed this _____ day of _____ 2014

Your signature

Signature of parent / guardian if under the age of 18

Emergency Contact Details

(In the event of an emergency your Next of Kin may be notified by either Kokoda Spirit or your Travel Insurance Company)

16. Next of Kin details

a.	Next of Kin Name	<input type="text"/>	
b.	Relationship	<input type="text"/>	
c.	Contact Phone No.	Home	<input type="text"/>
		Work	<input type="text"/>
		Mobile	<input type="text"/>
d.	Email Address	<input type="text"/>	

Change of Details

If any of the abovementioned details change at anytime, please **immediately** advise the Kokoda Spirit office.

It is very important that we have the most up-to-date information on your file.

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Final Payment

Name:

Date of Trek:

Booking Reference No.

Final Payment for your trek is now due; please include payments for any "extras".

Cost of Trek \$ _____ Cost of Trek is quoted on your Booking Confirmation letter
(all prices in \$AUD)

Personal Porter \$ _____ \$720.00 Yes / Not required

Large Backpack (Hire) \$ _____ \$75.00 Yes / Not required

Merchandise + Postage \$ _____ Souvenir Order Form – complete and return

Walking Poles (Single) \$ _____ \$35.00

Walking Poles (Set of 2) \$ _____ \$55.00

Camping Gear Package \$ _____ \$765.00 pack (+ postage)
Refer to Souvenir Order Form

Sub Total \$ _____

Deposit Paid \$ _____ Yes / No

If deposit has been paid, please advise date and method of payment

Total Payment Due \$ _____

/ /2014 Please advise date funds transferred
by Internet Banking, C/Card or BPAY

Payment Options – refer to attached sheet

Cheque / Money Order

Internet Banking

Credit Card

BPAY

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*Please return this sheet with your "Trekker
Information" forms*