

# Millekul Customer Detail Form 2024/2025 Season v2

• Millekul kayaking trip No.: \_\_\_\_\_ Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

As in Your Passport

• Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

The information that is collected through this form will allow us to provide the best possible care whilst you are on a Millekul program. This information will only be disclosed to the necessary medical assistance provider should the need arise. If the information requested is not provided, we may not be able to appropriately respond to a non-routine situation. All information that Millekul collects about you can be accessed and corrected at any time.

## Personal Details

• Age: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: F  M  Height: \_\_\_\_\_ cm. Weight: \_\_\_\_\_ kg.

• Address & Country: \_\_\_\_\_

• Phone No. (mobile for contact at the trip): \_\_\_\_\_

• Emergency Contact Name, Phone No. & Relationship to You: \_\_\_\_\_

• Your Doctors Name & Phone No.: \_\_\_\_\_

• Name of Travel Insurance Company: \_\_\_\_\_

• Travel Insurance 24 hr. Contact Phone No.: \_\_\_\_\_

• Travel Insurance Policy Number: \_\_\_\_\_

• Passport Number: \_\_\_\_\_ Issued Country: \_\_\_\_\_

• Arrival Date to Sorong: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ Flight No.: \_\_\_\_\_

• Pick up airport wanted? Yes  No  To which accommodation?: \_\_\_\_\_

• Departure Date from Sorong: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ Flight No.: \_\_\_\_\_

## Sea Kayaking Experience Details

1. Have you paddled sea kayaks? Yes  No  Whitewater Kayaks? Yes  No  Surf Skis? Yes  No

2. Have you paddled in single kayaks? Yes  No  Double Kayaks? Yes  No

3. Would you call yourself a:  BEGINNER  INTERMEDIATE  EXPERT

4. Have you done any sea kayaking courses? Yes  No  If yes, please list them, outlining when and where

5. Have you paddled in the open ocean before (outside harbours and estuaries)? Yes  No  If yes, please list them, outlining when and where

6. Have you paddled in windy conditions i.e. 10-15 knot=5-8 m/s winds or more? Yes  No

7. How many times have you paddled in the last two years?

0 times  1-5 times  6-20 times  20 times or more

8. Can you swim 50 metres? Yes  No  Swimming ability: Weak  Average  Strong

## Please List Information Regarding the Following

• What is your current physical condition: \_\_\_\_\_

• Please list any known allergies: \_\_\_\_\_

• Do you suffer from Anaphylaxis (severe allergic reaction)? Yes  No . If yes, when was your last severe allergic reaction? Please provide us with a detailed allergy management plan.

• Do you have any physical limitations? \_\_\_\_\_

• Last Tetanus inoculation/booster: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (We recommend current inoculation)

• Date of Hepatitis inoculation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (We recommend Hepatitis A & B inoculation)

• Are you currently taking any medication? Yes  No  Details (including dosage, frequency & name): \_\_\_\_\_

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• Have you been under a Doctors care in the last 12 months? Yes  No  Details:

• **Special dietary requirements?** Yes  No  **If Yes PLEASE provide details:**

• Do you wear contact lenses or glasses? Yes  No

**Do You Have a History of the Following (if yes, please add details/medications)**

• Raised Blood Sugar? Yes  No

• Heart or Circulatory disease? Yes  No

• Asthma? Yes  No  If yes, how often are the attacks? Please provide asthma management plan&medications list.

• Epilepsy? Yes  No  If yes, List any medication and date of last attack:

• Diabetes? Yes  No  If yes, List medication (if any)

• Digestive or Bowel disorders? Yes  No  If yes, specify.

• Joint Injury? Yes  No  Specify date of Injury and Joint.

• Surgical operations? Yes  No  If yes, specify.

• Anxiety, depression or other mental health disorders? Yes  No  List medication (if any):

• Do you have any other condition we should be aware of? Yes  No

• If you have any further details, which may assist us in taking care of you during this program, please contact us. You may also wish to discuss any concerns with us personally.

• Further information sent? Yes  No

**NOTE! Please ensure you bring any required medication with you & advise Millekul of its location!**

***Important Notice to be signed***

I acknowledge that through participating in the program of activities as organised by Millekul, that in addition to usual risks inherent, certain other risks & dangers may be encountered which may include: remoteness to normal medical services; moderate physical exertion for which I may not be prepared; weather extremes subject to sudden unexpected change; evacuation difficulties if I am disabled. I agree to observe & comply fully with the safety standards & procedures as described by Millekul guides. I agree that if I suffer serious injury or illness during the course of these activities, Millekul can at my cost arrange medical treatment in Sorong, as they deem essential for my safety. Millekul will stand for the emergency evacuation to Sorong by boat (up to 12 hr., no helicopter!). I will not hold Millekul responsible if I suffer any injury or illness and if my private property is damaged or lost during the trip. The information contained herein is correct so far as I know. If my medical condition changes before my trip I will immediately inform Millekul.

**NOTE!** I have also read and agree to the attached Terms and Conditions of Millekul Adventures for this kayaking trip.

Date:     /     /

Signature or Parent/Guardian Signature\*:

Name Clarification\*: \_\_\_\_\_

*\*Must be completed for participants under age of 18. Please also write in the name clarification for which participant it is!*

**For those aged 70 years and over OR those who have significant pre-existing medical condition.**

**Please have your doctor complete this section:**

I have examined my patient: \_\_\_\_\_ (name)  
and in my opinion they are fit for a tropical multi-day kayaking trip.

**Doctors Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctors Phone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*If your doctor would like to provide more details, then please ask them to provide Millekul Adventures a separate letter.*

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