

**TOURIST QUESTIONARY**

**FIRST NAME, LAST NAME**

**Frst name, last name of closest relative**  
**telephone number for hot line**  
**telephone code (obligatory!)**

Clothes size \_\_\_\_\_

Shoes size \_\_\_\_\_

Weight (kg) \_\_\_\_\_

**STATE OF HEALTH**

1. Do you have any health restrctions, if Yes then, please, write which ?  NO  YES

2. Are you allergic to  NO  YES  
- Plants   
- Animals   
- Medicine   
- Food   
List in ditails \_\_\_\_\_

3. Illnesses  NO  YES (write which)  
- Diabetes   
- Bronchial asthma   
- Chronic illnesses   
- Bnack column injuries   
- Vascular heart desease

4. Your personal doctor recommendations  yes  no  
- Seasickness   
- Food acceptability (acid, salty,venegar)   
- What do you usually do when you have exacerbation of chronic illness   
- List of medicine you usually take during your trip

**YOUR WISHES**

Food \_\_\_\_\_

Soft drinks \_\_\_\_\_

Hot drinks at bar \_\_\_\_\_

**Your hobbies besides fishing**

" \_\_\_\_\_ "

\_\_\_\_\_

(sign)