

Travellers age 60 and over

Certificate No:

Section 1

1. Have you **EVER** been diagnosed with, taken or been prescribed medication for **ANY 2** of the following: diabetes, stroke, **ANY** heart condition? NO YES
2. Was your **FIRST** heart bypass surgery more than **10 YEARS** ago? (If you have never had heart bypass surgery **OR** you had heart bypass surgery less than **10 YEARS** ago, answer **NO**)NO YES
3. In the last **12 MONTHS**, have you experienced new or more severe symptoms or been hospitalized or had a change in medication for **ANY** heart condition? (change in medication means a start, stop, increase or decrease in the dosage or frequency you take of **ANY** medication)NO YES
4. In the past **12 MONTHS**, have you used or been prescribed home oxygen for **ANY** medical condition?NO YES

Section 2

1. In the past **24 MONTHS (2 YEARS)**, have you used **ANY** tobacco product?.....NO YES
2. Was your last regular check-up with a physician more than **18 MONTHS** ago?.....NO YES
3. Are you **CURRENTLY** taking medication or have you been prescribed medication to treat or prevent high blood pressure.....NO YES
4. Have you **EVER** been diagnosed with or taken or been prescribed medication for **ANY** heart condition? (Does not include extra beats or palpitations for which you have not taken medication or received treatment)..... NO YES
5. In the past **12 MONTHS**, have you taken or been prescribed prednisone or other oral steroids for more than **7 DAYS OR** been admitted to hospital for **ANY** lung condition?.....NO YES
6. In the past **12 MONTHS**, have you had **ANY** lung condition that required more than **10 DAYS** of treatment with antibiotics or puffers? (If you had to take antibiotics more than once **OR** are prescribed puffers on an ongoing basis to prevent and/or treat **ANY** lung condition you must answer **YES** to this question).....NO YES
7. At **ANY** time during the past **12 MONTHS**, have you been diagnosed with or have you taken or been prescribed medication or received treatment for:
- a) a stroke or mini stroke (TIA or transient ischemic attack)?NO YES
 - b) diabetes?NO YES
 - c) liver disorder.....NO YES
 - d) kidney or renal failure?.....NO YES
 - e) peripheral vascular disease?.....NO YES
 - gastrointestinal bleeding, Crohn's disease, ulcerative colitis and/or obstruction of the bowel (excluding haemorrhoids)?.....NO YES
 - f) cancer (except basal cell and squamous cell skin cancer)?.....NO YES
 - g) arthritis and/or osteoporosis (if you do not take prescription medication for these conditions you can answer **NO**)..... NO YES

