

Travellers age 60 and over

		Certificate No:			
Se	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	as your FIRST heart bypass surgery more than 10 YEARS ago? (If you have never had heart bypass surgery R 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 <u>change in</u> medication for ANY heart condition? (<u>Change in medication</u> 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 treatments.)	ıt.)	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 a 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 puffers/inhaled medications? (If you had to take antibiotics more than once OR are prescribed puffers/inhaled medications on an ongoin and/or treat ANY lung condition, you must answer YES to this question.)		No □	Yes □	
7	At ANY time during the last 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 □	
	f) gastrointestinal bleeding, Crohn's disease, ulcerative colitis and/or obstruction of the bowel (excluding l	nemorrhoids)	No 🗆	Yes 🗆	
	g) cancer (except basal cell and squamous cell skin cancer)		No □	Yes □	
	h) arthritis and/or osteoporosis (if you do not take prescription medication for these conditions, you can answer NO.)		No 🗆	Yes 🗆	