Tour Application Form　　OCEANS/新原海底観光センター

Date	Day　Month　Year	Hotel Name	
Name		M ・ F	Blood Type
		Phone No.	
D.O.B	Day　Month　Year　Age		
Residential Address			
Emergency Contact	Name		Relationship
	Phone No.		

〈OCEANS〉 DO NOT take any responsibility, For customers actions and damage when not under surveillance, Any damage caused by natural disasters and Any belongings lost, damaged or stolen when taken to the tour.

Health Check Sheet

How do you feel today

☐ A. Feeling good and health

☐ B. Circle any of the below that applys

Cold/Flu　High Blood Pressure　Hung Over　Blocked Nose

Dizzy　Body Aches　Fever　Other（　　）

①【Have you been diagnosed with any of the following】

□Nose (Sinus)　□Tympanitis　□Asthma　□Pneumonia　□Pulmonary Tuberculosis

□Spontaneous Pneumothorax　□Respiratory Organs Disease　□Heart Disease　□Alcohol Addiction

□Other (　　)

For anything checked, please provide details.

【　　】

②【Blood Pressure】

☒□Very High　☒□High　☒□Average　☒□Low　☒□Very Low

If you are taking medication or regularly visting a medical practitioner for the reason of blood pressure, please write below the given diagnosis.

[　　]

③【Are you currently taking any medication】

[　　]

④【Have you been admitted to hospital for more than one day in the last month】

[　　]

⑤【Are you currently pregnant】

□Yes　□No

⑥【Have you had any alcohol today】

□Yes　□No

⑦【Do you have a Flight planned for the next 24 hours】

□Yes　□No

I admit that the information provided is true and read the terms and understood. Whilist customers are at the tour with OCEANS, you have insurance for any injuries, except injuries before and after the tours will not be and we will not take any responsibilities.

Signature　　Day　Month　Year

Guardian Signature (for below 20 years)

OCEANS