





## FITNESS TO TRAVEL FORM

It is incredibly important to us, that you are both comfortable and safe on your journey. If your fitness to travel may be in doubt as a result of recent illness, surgery, injury, medical treatment or an existing medical condition which may need treatment or assistance onboard,

		we require you to fill in	n this form in davance so that we can accomm	lodate you accordingly.		
Booking	Reference:					
Guest Name:			Guest Date	Guest Date of Birth:		
1.	Do you intend to travel with any mobility aids or medical equipment? (Eg. Wheelchair, walking stick / frame, oxygen tanks).  Yes No					
2.	Is your travelli Yes	ng companion / carer able No N/A	e to assist with your mobility or medical requi	rements?		
3.	If you are travelling by yourself or without a carer, will you be able to look after yourself unassisted in every aspect?  Yes No					
4.	If you ticked <b>N</b>	o in question 3 complete	the following:			
	i. Who will be your primary carer whilst travelling?					
	ii. Booking re	ference of primary carer:	:			
	iii. Other impo	ortant information:				
5.	Journey Beyor		ages, mobility aids such as wheelchairs and w rovide a specialised onboard pushchair which c ard?			
6.	At some locations along the rail journey, you may be required to board and alight from the train using steps as well as board and alight coaches. Are you able to walk/climb stairs unassisted?  Yes No					
7.	Depending on the nature of your condition, do you understand that you may not be able to take part in some activities during you journey (this includes some Off Train Experiences)?  Yes No					
Guest Name:			Signed:	Date:		

**SUBMIT FORM** 

Please complete this form and click the button above or email guestexperiencessupport@journeybeyond.com so that it can be applied to your booking. Should additional information be required, we will follow up this form with a telephone call.

