



General Medical Information Polar Expedition Cruising

All travelers must complete every section of this form

No sophisticated medical facilities are available in polar regions. Although our vessel carries a qualified physician and a limited infirmary with basic medication and equipment, we ask that you complete this confidential medical report so that our shipboard physician is fully aware of your medical condition/needs and can better care for you aboard.

This expedition is intended for persons in reasonably good health. Passengers who are not fit for long trips for any reason, including disability, heart or other health condition, (that would entail an unreasonable risk to your health and to the enjoyment of all passengers aboard) are advised not to join the tour. Should any such condition become apparent, we reserve the right to decline to accept or retain you or any other passenger at any time during the trip.

Please return this completed form with registration, including Part III, Medical Advisor's Opinion. It must be received by time of final payment. In addition, you are advised to carry your own regular medication, which may not be available aboard. Passengers are further advised that medical evacuation, if available, is expensive, and that we strongly recommend that you have medical insurance that will reimburse you for this cost.

Part I: Health Statement

I attest that I am in good general health, and capable of performing normal activities on this expedition. I further attest that I am capable of caring for myself during the expedition, and that I will not impede the progress of the expedition or the enjoyment of others aboard. I understand that this expedition will take me far from the nearest medical facility and that all expedition members must be self-sufficient. With that understanding, I certify that I have not been recently treated for, nor am I aware of, any physical or other condition or disability that would create a hazard to myself or other members of the expedition.

Name _____ Date _____

Signature _____

Expedition _____ Departure Date _____

Part II: Medical Information

NAME_____ Blood type_____

Date of Birth_____ Height_____ Weight_____

Evaluate your general health: Fair Good Excellent

Evaluate your physical condition/stamina: Fair Good Excellent

Have you taken out medical insurance Yes No

1. Do you have any medical illnesses, disabilities or infirmities that have required the regular care of a doctor?

2. List all medications that you are taking at this time and the dosages.

3. Have you been hospitalized or had surgery in the last five years? If so, when and for what?

4. Do you have any heart or respiratory problems? Are you a diabetic? Please elaborate.

5. Do you have any dietary restrictions, food or drug allergies? If so, what are they?

6. Do you have any physical or mental limitations, handicaps or prosthesis? Are you pregnant? Do you have difficulty in walking or use crutches, a cane or a wheelchair?

7. Name and phone number to be used in case of emergency. Relationship.

