

Medical Advisors Information

Dear Doctor,

Our traveller is planning an expedition cruise to a remote area where sophisticated medical facilities may be unavailable. Our ship has a small infirmary and each voyage carries a western Medical Advisor. While not strenuous, travellers who participate on excursions must be able to climb a steep ship-side gangway, get in and out of Zodiacs (rubber inflatable landing boats) which may be in the surf, be able to stand unaided and be able to walk short distances on uneven and slippery terrain.

We need to ensure that each passenger is in adequate physical condition for the voyage and that our shipboard Medical Advisor is made aware of any potential health problems. Please complete and sign the following two pages. Please feel free to call us if you have any questions about the requirements of the trip.

Please type or print clearly so it can be easily read. Please ensure you sign the questionnaire at the bottom.

1) Can he/she climb a steep narrow ship-side gangway without assistance?

2) Can he/she bear weight on either leg without support for 5 – 10 seconds?

3) Is there any existing medical condition, infirmity or disability (such as heart, lung, limb or joint disease, obesity) that could impact on his/her ability to participate in Zodiac (small inflatable rubber boat) activities in sometimes extreme cold or hot conditions?

4) Please list any current medical or physical conditions and include any information that you feel our shipboard medical advisor should be aware of:



Heritage Expeditions, PO Box 7218, 53B Montreal St
Christchurch, New Zealand

Tel: +64 3 365 3500

Fax: +64 3 365 1300

Freephone (within NZ): 0800 262 8873

Freephone (within Australia) 1800 143585

Freephone (within USA/Canada) 1866 285 7884

info@heritage-expeditions.com / www.heritage-expeditions.com

5) Please list current medications, using generic name, including dose, strength, frequency and purpose:

*Attach a separate list if required for space on any of these questions

Name of Patient: _____

Doctors Name - please type or print clearly _____

Doctors Signature _____

Email _____ Phone _____

Address _____

Date _____ Fax _____



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