

Medical questionnaire

PONANT Expedition Cruises or Ocean Cruises

You will soon set sail on an **Expedition Cruise** to remote regions, or on an **Ocean Cruise**, far from any land. Please be informed that there is no terrestrial medical infrastructure in the expedition regions. Therefore, although each ship has its own qualified doctor and nurse, and has a medical centre containing a stock of basic medicines and medical equipment, the medical treatment available is not comparable to that offered by a shore-based medical facility.

Our aim is to ensure your comfort and safety, which is why we ask you to complete the following confidential medical report, with your own doctor (GP), so that our onboard doctor is aware of your general state of health.

We ask you to formally give permission for your GP and any specialists treating you to communicate with the company of doctors designated by PONANT about your state of health. This is in order to clarify any doubts or questions regarding your health or your physical condition, to ensure that you can enjoy your cruise in all safety.

Please note that these cruises are designed for people in good health. Passengers are not advised to take part in these cruises if they would find it hard to cope with lengthy periods of travel, for whatever reason, or if they have reduced mobility, have been operated on in the last 12 months, have a risk or a history of cardiac conditions or are taking restrictive medical treatments.

Consequently, we reserve the right to deny access to these cruises to any passenger considered by PONANT's doctors or their own doctor to have a state of health incompatible with them.

We ask you to complete this questionnaire with your GP **between 90 and 45 days before your cruise begins**, and then to return it to the medical department designated by PONANT **no later than 40 days** before boarding. In addition, it is imperative that our medical department be informed in writing of any subsequent changes to your medical condition.

By email (preferably):

Please send your duly completed questionnaire, in PDF format only, to the following address: gm@medical.ponant.com stating in the **subject of the email: the name of your ship and the date of boarding** (e.g.: AUSTRAL 23 JAN 2017).

Or by post (please keep a copy):

PONANT - Service Médical

Name of ship / Departure date (e.g.: AUSTRAL 23 JAN 2017)

408 Avenue du Prado - 13008 Marseille - France

Please note that you are asked to bring an adequate supply of any medicines you regularly take with you aboard ship. In addition, all passengers should note that an evacuation for health reasons, where it is possible, is subject to weather conditions. It may take a number of days, may be very expensive, and will be paid for by the patient. It is therefore essential to take out medical and repatriation insurance with an adequate amount of coverage.

Thank you for your consideration,

PONANT – Medical department

Please fill in the following documents legibly, using a black or blue pen.

Last name / First name: _____

Name of ship / Departure date: _____

Section I: Sworn Statement

I, the undersigned, declare that I am in good general health. Any false declaration about my state of health could result in me being refused permission to board the ship by the captain, on the basis of the opinion of the onboard doctor.

If the PONANT medical service requests it, I hereby authorise my GP and/or my specialist to discuss my state of health with the doctor of the medical service designated by PONANT.

I am able to participate in the activities in the programme of this **Expedition Cruise**. I have read, understood and I accept all the general and particular terms and conditions of sale as well as the specific information published in the PONANT brochure corresponding to my cruise. In addition, I declare that I am able to function independently during the expedition, and should not hinder the normal workings of the expedition nor put the cruise at risk.

I have been informed that I will be far from any terrestrial medical services and infrastructure during the **Ocean Voyages and Expedition Cruises**, and I understand the importance of being able to function independently, being in good health and taking out suitable medical insurance.

I also confirm that I have not had any recent medical issues and that I have not been advised by my usual doctor of a physical condition, a disability of any nature or any other condition that could expose myself or my fellow passengers to danger during the cruise.

Should an illness or an accident occur that could put other passengers or myself in danger, I undertake to leave the ship if so requested by the Captain, at any designated port of call.

Have you taken out medical insurance: YES NO

Name of the Insurance Company (for assistance, repatriation and medical costs):

Policy number: _____

Insurance company contact telephone number (24/7): _____

Please write legibly the name and telephone number of someone to contact in case of an emergency:

Your relationship with this person: _____

Date: _____

Signature: _____

PS: For any cruise that enters Russian territory, it is COMPULSORY to have taken out medical insurance in order to obtain your visa.

Section II : Medical questionnaire

This questionnaire should be filled in by your GP, 90 to 45 days before your departure.
The completed questionnaire must be returned to us no later than 40 days before boarding.
Please provide your GP with this questionnaire and your itinerary.

Doctor,

Your patient is planning to participate in **an Expedition cruise to an isolated/remote region.**

The off-ship activities organised during Expedition Cruises can include certain risks and dangers of accidents and diseases, as a result of the remoteness of the regions, the local fauna or the climatic conditions. Any person taking part in these off-ship activities does so with full awareness of the potential dangers and at their own risk. Therefore, each passenger has to take personal responsibility for deciding to take part, with regard to their physical aptitude, their safety, behaviour and comfort.

In particular, passengers taking part in off-ship activities have to climb aboard and disembark from Zodiac dinghies and be capable of walking unaided on land on uneven and possibly slippery surfaces.

Passengers should be in an adequate medical condition for this journey and our onboard doctor has to be fully informed about the state of health of each passenger.

Or

Your patient is planning to take an **Ocean Cruise**, during which time the ship will be far from any sophisticated medical infrastructure.

Passengers have access to a doctor and modest medical facilities aboard our ships.

Although the Ocean Cruises do not require physical effort, passengers should be able to function independently and be in good general health.

Passengers should be in an adequate medical condition for this journey and our onboard doctor has to be fully informed about the state of health of each passenger.

We thank you in advance for answering the following questions about your patient:

Date of birth: _____ Blood Group: _____

Height: _____ Weight: _____

Assessment of their general state of health: Quite good Good Excellent

Assessment of their physical condition / endurance: Quite good Good Excellent

Section II: Medical questionnaire (continued)

1. Is your patient up-to-date with their vaccinations (polio, tetanus, BCG, typhoid fever, hepatitis A, hepatitis B, etc.)?

2. Does your patient suffer from any diseases or illnesses, physical or mental problems, disabilities or infirmities that require regular treatment? If yes, please give details of these conditions and the dates of the most recent examinations and tests.

3. Does your patient suffer from any other conditions? If yes, please give details of these conditions and the dates of the most recent examinations and tests.

4. Does your patient wear a prosthesis that could restrict their mobility? If yes, please give details.

5. Does your patient have difficulty walking? Does your patient use a walking stick or sticks, or a wheelchair?

6. Please give details of all medicines that your patient is currently prescribed (commercial or generic name and dosage). Please write legibly.

7. Has your patient been hospitalised for a medical condition or to undergo a surgical operation in the last five years? If yes, please give details about the nature of the condition, the dates and the reasons.

8. Does your patient suffer from cardiac, respiratory, neurological or other problems? Is your patient diabetic? Do they suffer from any other conditions? *(Please provide details).*

Please note: for any specific condition, the opinion of your specialist is required as well as that of your GP.

9. Does your patient have any restrictions in terms of their food intake? Does your patient have allergies to certain foods or to certain medicines? If yes, please give details.

10. Date of the patient's last dental check-up:

11. Is your patient pregnant? If yes, since when?

12. Please describe the general physical condition of your patient.

13. Please give your opinion on their aptitude (physical condition and endurance) to take part in this expedition and the activities planned during the cruise.

14. Please describe any medical conditions as well as any medical or surgical history about which you think our onboard doctor should be informed.

Doctor's name: _____

Address: _____

Telephone number: _____

Skype address: _____

Email: _____

Doctor's stamp and signature:

Patient's signature: