

MEDICAL QUESTIONNAIRE

for

ANTARCTIC Expedition Cruising

No sophisticated medical facilities are available in the Antarctic. Although our vessel carries a qualified physician and a limited infirmary with basic medications and equipment, we ask that you complete this confidential medical report so that our shipboard physician is fully aware of your medical conditions and needs – and can better care for you onboard.

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 conditions, are advised not to join the tour, as it would entail an unreasonable risk to your health and safety of you and others on the expedition. 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. This is part of our obligation for self-sufficiency under the terms of the Antarctic Treaty System. In addition, you are expected to carry your own regular medications, which may not be available aboard.

Passengers are further advised that medical evacuation, if available, is expensive, and we strongly recommend you acquire medical insurance that would reimburse you for this cost. Please note, the locations being traveled in are very remote, and in the areas where Medevacs (Medical Evacuations) are possible, it might take up to 2 days to be reached. In some other areas, such as South Georgia, Medevacs are impossible, as the area is out of the range of helicopters and/or does not have landing strips.

Part I: Traveler's 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 travelers 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: Traveler's Medical Information

Date of Birth: _____

Blood type (if known): _____

Evaluate your general health: Poor: _____ Fair: _____ Good: _____ Excellent: _____

Evaluate your physical condition/stamina: Poor: _____ Fair: _____ Good: _____ Excellent: _____

Have you taken out medical insurance? Yes: _____ No: _____

Do you have, or have you had in the past 5 years, any of the conditions below?

Condition	Yes	No
High blood pressure		
Heart/vascular disease		
Heart surgery		
Asthma/bronchitis		
Blood disorder		
Diabetes		
Digestive disorder		
Kidney problem		
Skin problem		
Allergies		
Infectious/ contagious disease		
Epilepsy/seizures		
Dizziness/fainting		
Loss of consciousness		
Loss of memory		
Balance problem		
Severe headaches		
Ear/nose/throat problems		
Restricted mobility/difficulty walking, use crutches, a walking stick or wheelchair		
Back problems		
Amputation		
Do you have a prosthesis or joint replacement?		
Fractures/dislocations		
Stroke		
Eye/vision problems		
Are you currently pregnant?		

If you answered yes to any of the above, please elaborate below:

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

List all medications that you are taking at this time, the dosages and the condition that is being treated.

Medication	Dosage	What are you taking this medicine for?

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

Do you have any drug allergies? If so, what are they?

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

Do you have any other physical or mental limitations or handicaps not mentioned above?

In case of emergency, who should be contacted?

Contact 1:

Name _____ Relationship _____

Phone number(s) _____

Contact 2:

Name _____ Relationship _____

Phone number(s) _____

Part III: Medical Advisor's Opinion

Please give this form along with your itinerary to your personal physician.

Dear Doctor,

Our traveler is planning an expedition cruise to the Antarctic, where sophisticated medical facilities are unavailable. Each vessel carries a physician and a small infirmary. While not strenuous, travelers who participate on excursions must negotiate a steep gangway, get in and out of landing boats with assistance and be capable of walking a short distance over uneven and slippery terrain ashore. Please note, the locations being traveled in are very remote, and in the areas where Medevacs (Medical Evacuations) are possible, it might take up to 2 days to be reached. In some other areas, such as South Georgia, Medevacs are impossible, as the area is out of the range of helicopters and/or does not have landing strips.

We would like to be sure that each of our passengers is in adequate medical condition for the voyage and that our shipboard physician is fully alerted to any potential health problems. Please feel free to contact us if you have any questions at:

We would appreciate your evaluation of:

The travelers' overall physical condition: Poor: _____ Fair: _____ Good: _____ Excellent: _____

The travelers' ability to participate in this expedition and excursions:

Poor: _____ Fair: _____ Good: _____ Excellent: _____

Please elaborate on any medical conditions that you feel our shipboard physician should be aware of:

Thank you for your help.

Doctor's name: _____ Date: _____

Doctor's signature: _____ Telephone: _____

City, State, Country: _____ Email: _____

Stamp: