



## GENERAL MEDICAL INFORMATION

### Expedition Cruising

*All travellers must complete every section of this form and return a COPY to Head Office within 60 days of booking. The ORIGINAL completed form must be taken with you to the ship.*

Sophisticated medical facilities may not be available. Although each 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 condition and needs -- and can better care for you onboard.

The expedition is intended for persons in reasonably good health. Passengers that are not fit for long trips for any reason are advised not to join the tour. This would include and medical condition which would entail an unreasonable risk to your health and to the enjoyment of all passengers onboard. **IMPORTANT:** If you have a pre-existing medical condition, disability or any medical concerns you **MUST** have this medical form signed by your physician. Polar Star Expeditions reserves the right to decline to accept or retain you or any other passenger at any time before or during the trip.

On Embarkation, please hand this completed form to the Hotel Manager/Office Manager. Please note that your Ticket is not valid unless this is carried out. You are required to carry your own regular medications, which may not be available onboard. Passengers are further advised that medical evacuation, if available, is expensive. Polar Star Expeditions requires all passengers to have full medical and emergency evacuation for the specific areas they will be visiting. The minimum coverage requirement is US\$50,000.00 for all programs. It is the responsibility of the passenger to check with their insurance provider to ensure they have adequate coverage within their own policy for the specific areas they will be visiting. We also strongly recommend that all passengers purchase comprehensive insurance which would include coverage for cancellation, trip disruption, baggage and personal property. Policy provider, policy number and contact phone number must be provided to Head Office.

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### 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 onboard. I understand that this expedition will take me far from the nearest medical facility and that all expedition members (passengers) must be self-sufficient. **I also understand that, in my participation on this expedition, I must negotiate a steep gangway, get in and out of Zodiacs/or other landing boats and be capable of walking over uneven and slippery terrain ashore.** 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.

(PLEASE PRINT)

Full Name: \_\_\_\_\_ Expedition: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Part II: Medical Information

Date of Birth (day/month/year) \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood type (if known)\* \_\_\_\_\_

\* Should an emergency situation arise where hospitalisation is required, this will allow the medical staff to provide you with immediate care. Blood transfusions are not performed onboard the M/V Polar Star.

Insurance Policy Provider \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ Insurance Policy Contact # (incl. country code) \_\_\_\_\_

Evaluate your general health:  Fair  Good  Excellent

Evaluate your physical condition/stamina:  Fair  Good  Excellent

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

Yes  No If yes, describe briefly:

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

3. Have you been hospitalised 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 that we should be aware of?

6. Do you have any physical or mental limitations, handicaps or prosthesis?  Yes  No

7. Are you pregnant?  Yes  No

8. Do you have difficulty in walking or use crutches, a cane or a wheelchair?  Yes  No

9. Next of Kin / Emergency Contact:

Name: \_\_\_\_\_

Phone # (incl. country code): \_\_\_\_\_ Relationship: \_\_\_\_\_

10. Physician's Contact Details (for emergency purposes only):

Name: \_\_\_\_\_ Phone # (incl. country code): \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Signature (if required): \_\_\_\_\_

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### Part III: Passenger Profile (expedition capabilities)

When walking opportunities arise, what is the highest level you can handle?:

Short easy walks only

Longer walks

Hiking

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### Part IV: Waiver

I, \_\_\_\_\_ of \_\_\_\_\_ (address), hereby waive any claims against Polar Star Expeditions A/S or owners or operators of the vessel on which I am embarked, arising out of inadequacies or inaccuracies in the health statement or medical information provided above, including arising out of Polar Star Expeditions A/S being unable to ensure that I am in adequate condition for the expedition or to ensure that the shipboard physician is fully alerted to any potential health problems I may have.

\_\_\_\_\_  
Signature of Witness of Passenger

\_\_\_\_\_  
Signature of Passenger

\_\_\_\_\_  
Print Name (Witness)

\_\_\_\_\_  
Print Name (Passenger)

Date: \_\_\_\_\_