**MEDICAL DECLARATION**

**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 completely self-sufficient and do not require special accommodation during the expedition, and that I will not impede the progress of the expedition or the enjoyment of others aboard. I understand that the calls on this expedition are in remote areas which are not near any 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 am 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Voyage Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Booking #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# TRAVELER’S GENERAL MEDICAL INFORMATION

|  |
| --- |
| Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_ Weight :\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Evaluate your general health: | Poor **** Fair **** Good **** Excellent **** |
| Evaluate your physical condition/stamina: | Poor **** Fair **** Good **** Excellent **** |
| Do you use oxygen therapy regularly? | Yes **** No **** |
| If the answer is yes to the above, please describe the conditions requiring oxygen therapy. |  |
| Please list all prescription medication(s) that you intend to travel with or bring onboard the vessel: |  |

**Do you have currently, or have you had in the last 5 years, any of the following conditions?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Condition** | **Yes** | **No** |  | **Yes** | **No** |
| **Neurological**Loss of consciousness, loss of memory (Alzheimer's), balance problems (Parkinson’s), epilepsy/seizures,dizziness/fainting |  |  | **Psychiatric Disorders**Major Depression, Anxiety, Claustrophobia |  |  |
| **Spinal Column or back problems,** muscle contractures, herniated disk, sciatic nerve compression, spinalstenosis, scoliosis |  |  | **Musculoskeletal system**Joint or muscle weakness or instability, osteopenia/osteoporosis, swollen ankles/knees |  |  |
| **Stroke** (Ischemic / Hemorrhagic) |  |  | **Fractures, Dislocation, Amputation** |  |  |
| **Cardiac/Heart Disease:**Cardiac valvopathy, acute coronary syndrome, cardiac tamponade,congestive heart failure |  |  | **Do you have a prosthesis or joint replacement?** |  |  |
| **OTHER**Major surgeries in the last 5 years |  |  | **Restricted Mobility / difficulty walking** Crutches, cane/walking stick, wheelchair |  |  |
| Are you currently pregnant? |  |  | **Have you had covid in the last 90days** |  |  |
| *If you answered “Yes” to any of the above, please describe below:* |
| **Do you have any other physical or mental limitations not mentioned above** which could interfere with travel or affect the completion of the Expedition Cruise? |
| **Do you have any mobility issues that would prevent you from climbing in and out of a rubber inflatable boat,****i.e. “Zodiac” or a rigid hull landing craft, i.e., Special Operations Boat?** Yes  No  |
| **Do you have any mobility issues that would prevent you from climbing stairs?** Yes  No  |
| **If you replied Yes to the previous question, do you have/use any of the following regularly:**Wheelchair  Prosthetic Limb  Cane  Walker  |