

# MEDICAL FORM

Please complete this form if you have a medical condition that is important for a physician or crew on board the ship to be aware of. We ask you to complete this medical report in full, honestly and accurately. Should your medical situation change after submitting this form, it is your responsibility to advise us immediately. If you check any of the boxes below, we kindly ask you and your physician to complete and sign page 2. The deadline for submission is no later than 30 days prior to departure.

Ship name: \_\_\_\_\_ Embarkation date: \_\_\_\_\_

Your name: \_\_\_\_\_ Booking number: \_\_\_\_\_

**Check all medical conditions for which you are currently under the care of a physician, or for which you have been under care in the past two years:**

Neurological - stroke, motor neuron diseases, multiple sclerosis, Parkinson's disease, polio, disorders of balance, seizures (epilepsy), dementia, memory disorders, intellectual impairment

Musculoskeletal - joint replacements, muscle disorder (e.g. muscular dystrophy)

Eyes - glaucoma

Sensory - blindness, deafness, disorders of sensation (e.g. peripheral neuropathy)

Physical - amputee, post trauma physical disabilities, post surgery physical disabilities

Gastrointestinal - Crohn's disease, inflammatory bowel disease

Heart - bypass surgery, angioplasty, stent, high blood pressure, rhythm problems, pacemaker, heart failure

Immune disorders - HIV, AIDS, steroid use

Cancer - any type

Lung - emphysema (COPD), severe asthma

Mental Health disorders - bipolar disease, mania, schizophrenia, psychosis

Endocrine - diabetes, thyroid

Blood thinner - anticoagulants

Pregnant, due date: \_\_\_\_\_

**This section is to be filled in by your physician. Please note that if needed, physicians on the location, evacuation companies and adequate PolarQuest personnel will have, or may need access to this medical form.**

Traveller's full name: \_\_\_\_\_

Name of physician: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Office address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Please list any current medical conditions, infirmities or disabilities.

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List all prescription medicines currently taken by this patient. If more space is needed, please attach a separate sheet. (Trade name - Generic name - Dose strength - Frequency - Purpose) Enter N/A if the question does not apply.

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If this patient has been hospitalized or had surgery at any time during the last two years, please tell us when and why.

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Does this patient have mobility limitations? Please describe any mobility aids used by this patient.

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I confirm that the patient is fit to travel on an expedition cruise in the Polar Regions. For more information on the nature of the specific trip, please visit our website [www.polarquest.se](http://www.polarquest.se) (swe) or [www.polar-quest.com](http://www.polar-quest.com) (eng).

Physician's signature:

Date:

Patient's signature:  
(or parent, for a minor)

Date: