



MEDICAL FORM

You are travelling to a remote area with limited medical facilities. Medical care for foreign visitors is provided at a cost, and evacuation or repatriation can be very expensive. If you have an ongoing medical condition or are 80 or years older, please complete this form fully, honestly and accurately. If your medical situation changes after submitting the form, you must inform us immediately. By submitting this form, you acknowledge that in an emergency, this information may be shared with guides, crew, hospital staff and/or rescue personnel involved in your care or evacuation.

Ship name**Embarkation date****Traveller name****Date of birth**

SECTION 1: Traveller medical information

1. General health

- ☐ General health status: Good
- ☐ General health status: Fair
- ☐ General health status: Weak

- ☐ Physical condition: Full
- ☐ Physical condition: Normal (able to walk 2 kilometres on uneven terrain)
- ☐ Physical condition: Limited

2. Life-threatening allergies

- ☐ No known life-threatening allergy
- ☐ Yes. Please describe the allergy, triggers and emergency medication below.

3. Current medication

List all medicines you currently take. Include trade name, generic name, dose strength, frequency and purpose.

Trade name	Generic name	Dose strength	Frequency	Purpose

Important: Bring enough medication to last until you return home. Do **not** rely on finding the correct medication at the destination.

4. Medical conditions treated within the last two years

Tick any condition for which you are currently receiving treatment, or for which you have received treatment during the last two years.

☐ Neurological	Stroke, motor neuron disease, multiple sclerosis, Parkinson's disease, polio, balance disorder, seizures/epilepsy, dementia, memory disorder or intellectual impairment
☐ Musculoskeletal	Joint replacement or muscle disorder, e.g. muscular dystrophy
☐ Eyes	Glaucoma
☐ Sensory	Blindness, deafness or sensory disorder, e.g. peripheral neuropathy
☐ Physical	Amputation; post-trauma, post-surgery or other physical disability
☐ Gastrointestinal	Crohn's disease or inflammatory bowel disease
☐ Heart	Bypass surgery, angioplasty, stent, rhythm problem, pacemaker or heart failure
☐ Immune disorders	HIV, AIDS or steroid use
☐ Cancer	Any type
☐ Lung	Emphysema/COPD or severe asthma
☐ Mental health	Bipolar disorder, mania, schizophrenia or psychosis
☐ Endocrine	Diabetes or thyroid disorder
☐ Blood thinner	Anticoagulants
☐ Pregnancy	If yes, please state due date below

5. Other significant health information

Describe any other significant health problem, disability, previous condition or relevant information not listed above. Enter N/A if not applicable.

If you ticked any condition above, Section 2 must also be completed and signed by your physician.

6. Traveller declaration and consent

- ☐ I declare that during the expedition I will act within my capabilities and refrain from activities that may exceed my abilities or jeopardize my safety or the safety of others.
- ☐ In a medical emergency or evacuation, I consent to this information, including Section 2, being disclosed to staff involved in my treatment.

Traveller's signature

Date

Place

SECTION 2: To be completed and signed by the physician

Complete this section only if the traveller ticked any condition in Section 1. In an emergency, physicians, evacuation personnel and relevant PolarQuest staff may need access to this form.

1. Traveller and physician details

Traveller’s full name

Physician’s name

Physician’s phone number

Physician’s email

2. Medical assessment

Current medical conditions, infirmities or disabilities

All prescription medicines currently taken. Include trade name, generic name, dose strength, frequency and purpose. Enter N/A if not applicable. Attach a separate sheet if needed.

Hospitalization or surgery during the last two years: when and why

Mobility limitations and any mobility aids used

3. Physician confirmation

☐ I confirm that the patient is fit to travel on an expedition cruise in the Polar Regions. Information about the nature of the trip is available at www.polarquest.se (Swedish) and www.polar-quest.com (English).

4. Signatures

Physician's signature

Date and place

Patient's signature (or parent/guardian for a minor)

Date and place

Please return the completed form according to the instructions provided by PolarQuest.