REQUIRED HEALTH STATEMENT

HURTIGRUTEN

Dear guest,

As the date of your expedition approaches it is important to understand that there are no sophisticated medical facilities available in these areas. Although the ship's staff includes a qualified physician and nurse, and our onboard infirmary has basic medications and equipment, this expedition is intended for people in good health.

Guests who may experience difficulties for any reason, including a disability, heart/pulmonary condition, or other health conditions, are asked to consult with their personal physician about the advisability of joining this expedition. To do otherwise would entail unreasonable risk to your health and to the enjoyment of all guests aboard.

If you are taking medications regularly, you are advised to carry a full supply with you as these may not be available on board or in the countries visited. In addition, it is strongly suggested to purchase medical insurance that covers you during your travels. In the event of a medical emergency, an evacuation, if necessary and if available, is extremely expensive. You must therefore carry sufficient insurance that will cover medical expenses and repatriation.

Please complete the attached forms. The Medical Declaration Form is to be completed and approved by your personal physician (medical doctor only) no more than 8 weeks before your departure date. The completed forms must be presented to the ship's doctor upon boarding. Boarding will be denied if part III of the Medical Declaration Form is not approved by your personal physician. Even if the forms have been duly submitted and approved by your personal physician, the ship's doctor and the captain reserve the right to deny the boarding of guests who do not seem to be sufficiently fit for travel.

Please note that all information contained in the Medical Declaration Form is intended as a medical reference for the onboard doctor and will be retained by him/her throughout the duration of the voyage.

Thank you for your cooperation.

All travelers must complete every section of this form. Please bring this completed form with you on board the ship.

GENERAL INSURANCE INFORMATION

Medical evacuation, if available, is expensive. It is strongly suggested to have a Travel Protection Plan/travel insurance that will reimburse you for this cost. If you have a Travel Protection Plan/travel insurance, please provide the below details.

NAME OF THE COMPANY:	
COMPANY'S EMERGENCY NUMBER:	
POLICY NUMBER:	

In declining the purchase of a Travel Protection Plan/travel insurance, I will not hold Hurtigruten AS responsible for any additional expenses/losses incurred resulting from my cancellation of this trip, accident, sickness, medical evacuation, lost or damaged baggage, or any other contingency that would have been covered by the insurance protection offered.

DATE: .....

SIGNATURE: .....

MEDICAL DECLARATION FORM

This part of the form must be completed in English or using international medical terms.
Please do not abbreviate any words.

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 am aware of, any physical or other condition or disability that would create a hazard to myself or other members of the expedition.

VOYAGE NAME:	
DEPARTURE DATE:	
NAME:	
DATE:	

SIGNATURE: .....

PART II: TRAVELER'S MEDICAL INFORMATION

DATE OF BIRTH (DD/MM/YYYY)	
BLOOD TYPE (IF KNOWN):	
HEIGHT:	
WEIGHT:	

EVALUATE YOUR GENERAL HEALTH (PLEASE CHECK THE APPROPRIATE BOX):							
POOR	☐	**FAIR**	☐	**GOOD**	☐	**EXCELLENT**	☐
EVALUATE YOUR PHYSICAL CONDITION/STAMINA (PLEASE CHECK THE APPROPRIATE BOX):							
POOR	☐	**FAIR**	☐	**GOOD**	☐	**EXCELLENT**	☐

HAVE YOU TAKEN OUT MEDICAL INSURANCE WITH UNLIMITED MEDICAL REPATRIATION (PLEASE CHECK THE APPROPRIATE BOX)?			
YES	☐	**NO**	☐
DO YOU REQUIRE OXYGEN THERAPY ON A REGULAR BASIS (PLEASE CHECK THE APPROPRIATE BOX)?			
YES	☐	**NO**	☐
IF YOUR ANSWER IS YES, PLEASE DESCRIBE THE CONDITION:			
.....			
.....			

Do you have, or have you had in the past 5 years, any of the conditions listed below? Please check the appropriate box.

CONDITION	YES	NO
High blood pressure		
Cardiac/heart disease: Cardiac valvulopathy, Coronary acute syndrome, Cardiac tamponade or any other		
Heart surgery		
Pulmonary conditions: Asthma/bronchitis, COPD-chronic obstructive pulmonary disease, pulmonary thrombosis		
Blood disorder: hemorrhage (excessive bleeding), clots, anemia or any other		
Diabetes: Type 1 or Type 2		
Digestive disorder: stomach ache, stomach ulcers, heartburn, bleeding, constipation, diarrhea, or any other		
Skin problem: sores, blisters, skin rash, burns, eruptions, itchiness or any other		
Allergies: dust, latex or any other		
Infectious/ contagious diseases		
Severe headaches - migraines		
Ear/nose/throat problems: hearing loss, earache, sinusitis, nosebleeds, or any other		
Restricted mobility/difficulty walking, use crutches, a walking stick or wheelchair		
Amputation		
Do you have a prosthesis or joint replacement?		
Fractures/dislocations		
Stroke		
Eye/vision problems: pain, dryness, redness, glaucoma, blurred vision, double vision or any other		
Autoimmune disorders: Lupus, Psoriasis, Celiac Disease(sprue) or any other		
Are you currently pregnant?		
Thyroid problems such as hypothyroidism /hyperthyroidism or any other		
Psychiatric disorders such as depression, anxiety or any other		
Tumors benign/malign: breast, lungs, intestine or any other		
Urinary system: pain, infections, prostatic hyperplasia (in men), kidney stones, renal failure or any other		
Spinal column and back problems: muscle contracture, herniated disk, sciatic nerve compression, spinal stenosis, scoliosis or any other		
Neurological disorders such as loss of consciousness, loss of memory/ balance problems (Alzheimer/Parkinson), epilepsy/seizures, dizziness/fainting or any other		
Musculoskeletal system: pain in joints, muscle pain, weakness, osteopenia/osteoporosis, swollen ankles/knees or any other		

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE DESCRIBE BELOW:

.....

.....

.....

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS NOT MENTIONED ABOVE? PLEASE DESCRIBE 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 MEDICATION FOR?**

HAVE YOU BEEN HOSPITALIZED OR HAD SURGERY IN THE LAST FIVE YEARS? IF YES, WHEN AND WHAT KIND OF SURGERY?
.....
.....

DO YOU HAVE ANY DRUG ALLERGIES? IF YES, WHAT ARE THEY?
.....
.....

DO YOU HAVE ANY DIETARY RESTRICTIONS OR FOOD ALLERGIES? IF YES, WHAT ARE THEY?
.....
.....

DO YOU HAVE ANY OTHER PHYSICAL OR MENTAL LIMITATIONS, OR DISABILITIES NOT MENTIONED ABOVE?
.....
.....

DO YOU HAVE ANY MOBILITY ISSUES THAT WOULD PREVENT YOU FROM CLIMBING IN AND OUT OF A RUBBER INFLATABLE BOAT (RIB), I.E. "ZODIAC" OR A RIGID HULL LANDING CRAFT I.E. POLAR CIRCLE BOAT (PLEASE CHECK THE APPROPRIATE BOX)?							
YES	☐	**NO**	☐				
IF YOU REPLIED YES TO THE PREVIOUS QUESTION, DO YOU HAVE/USE ANY OF THE FOLLOWING:							
CANE	☐	**WALKER**	☐	**WHEELCHAIR**	☐	**PROSTHETIC LIMB**	☐

EMERGENCY CONTACTS	NAME	RELATIONSHIP	PHONE NUMBER
CONTACT 1:			
CONTACT 2:			

Upon reviewing this information, we reserve the right to contact your doctor about health issues that could affect the journey.

☐ Please check this box if you prefer to be contacted first before we contact your doctor.

☐ **I agree that Hurtigruten collects and uses information in this form for my safety during the voyage.**

PART III: MEDICAL ADVISOR'S OPINION

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

Dear doctor,

Our traveler, your patient, is planning an expedition cruise to an area where sophisticated medical facilities are unavailable although each vessel has a physician and a small infirmary on board. While not strenuous, travelers who participate in 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/or slippery terrain ashore. The areas being traveled in are very remote. Where medical evacuations are possible, they can take up to two days to arrive, and in some cases (such as South Georgia) medical evacuations are not possible, as the area is out of the range of helicopters and/or landing strips.
Please see the attached itinerary and the links below, which may give you a better idea of our expedition cruises to remote areas.
https://www.youtube.com/watch?v=PSJMTtp_6kQ
https://www.youtube.com/watch?v=ADwZDRriSHs

According to our regulations, passengers in "poor" health condition are at high risk of complications during the trip and therefore they should not join the voyage. The master and doctor will not allow any passengers on board that have an incomplete medical form and/or with an unstable health condition.
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.

WE WOULD APPRECIATE YOUR EVALUATION OF THE TRAVELERS' OVERALL PHYSICAL CONDITION (PLEASE CHECK THE APPROPRIATE BOX):							
POOR	☐	FAIR	☐	GOOD	☐	EXCELLENT	☐
PLEASE EVALUATE THE TRAVELER'S 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 (BLOCK LETTERS):			
CODE:		REGISTRY NUMBER:	
TELEPHONE:		E-MAIL:	
CITY, STATE, COUNTRY:			

DATE: .....

DOCTOR'S SIGNATURE: .....

The doctor is not responsible for any medical occurrences during the voyage. By signing the medical form, the doctor is merely complying with the requirement that guests are fit for travel on the above-noted date.