



# HURTIGRUTEN

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*MS Fram, 2011*

## **REQUIRED HEALTH STATEMENT ANTARCTICA EXPLORER CRUISING**

**Dear Guest,**

As the date of your Antarctic expedition approaches, it is important you understand there are no sophisticated medical facilities available in Antarctica. Although the ship's staff includes a qualified physician and nurse and our on-board infirmary has basic medications and equipment, these expeditions are intended for persons in reasonably good health.

As part of Hurtigruten's obligation for self-sufficiency under the terms of the Antarctic Treaty System you are required to attest to your good health and ability to participate in an Antarctic voyage. Passengers not fit for long trips for any reason, including disability, heart or other health conditions, are asked to consult their personal physician about the advisability of joining these expeditions. To do otherwise would entail unreasonable risk to your health and to the enjoyment of all passengers aboard.

If you are taking medications regularly, you must carry a full supply with you as these may not be available on board or in South America. In addition, Hurtigruten strongly urges that you purchase medical insurance that covers you during your travels. In case you suffer a medical emergency in Antarctica, your medical evacuation, if necessary and if available, is very expensive, therefore every passenger should carry insurance that will cover this cost.

Additionally, all passengers should have available their Medical Insurance Company name, Company's emergency telephone number and policy number.

**Please complete the forms below. The medical certificate below must be completed not more than 3 months before departure date. The form has to be delivered personally to the ship's doctor right after check-in. Boarding will be denied if these forms are not presented at time of embarkation.**

Note that all information contained in the Medical Forms is intended as a medical reference for the on board doctor and will be retained by him throughout the duration of the voyage.

Thank you for your co-operation.

**YOUR HURTIGRUTEN TEAM**



# HURTIGRUTEN

*MS Fram, 2011*

## GENERAL INSURANCE INFORMATION

### Antarctic Explorer Cruising

All travelers must complete every section of this form.

This expedition is intended for persons in reasonably good health. Passengers, who are not fit for long trips for any reason, including disability, heart or other health condition, are advised not to join the tour, which would entail an unreasonable risk to your health and to the enjoyment of all passengers aboard. Should any such condition become apparent, we reserve the right to refuse boarding and should you have symptoms of a contagious disease you and possibly any other cabin occupants will be asked to remain in your cabin until you have recovered.

Please bring this completed form with you on board the ship. This is part of our obligation for self-sufficiency under the terms of the Antarctic Treaty System. In addition, you are advised to carry your own regular medication, which may not be available aboard. Passengers are further advised that medical evacuation, if available, is expensive and that we strongly recommend that you have a travel protection plan/travel insurance that will reimburse you for this cost.

Have you taken out a travel protection plan / travel insurance?

Yes  No

Name of company: .....

Company's emergency number: .....

Policy number: .....

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

# MEDICAL INFORMATION

Passenger Name: .....

Date of Birth    Month: .....    Day: .....    Year: .....

Height: .....    Weight: .....

Evaluate your general health:

Fair     Good     Excellent

Evaluate your physical conditions/stamina:

Fair     Good     Excellent

Name any medical condition that requires regular care.

Please list medications and dosages of all prescribed products: .....

Please check off any of the following that apply to you:

Diabetic     Year of diagnosis? .....    Are you on insulin?  Yes  No

Type of insulin and dose: .....

Heart condition     Year of diagnosis? .....

Describe the condition: .....

Respiratory Condition     Year of diagnosis? .....

Do you require oxygen therapy on a regular basis?     Yes  No

Describe the condition: .....

Pregnancy  If checked, how many months? .....

Do you have any mobility issue 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. Polarcirkel Boat?  Yes  No

If you replied YES to the previous question, please check the following:

Wheelchair     Prosthetic limb     Cane     Walking frame

List all surgeries in the last five years: .....

List reasons for hospitalization other than surgeries in the last five years: .....

Drug allergies  If checked, please list medications you are allergic to: .....

Do you have any dietary restrictions?  If yes, what are they? .....

Emergency Contact Person: .....

Relationship: .....

Phone Number: .....

Address: .....

# MEDICAL ADVISOR'S OPINION

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

**Dear Doctor,**

Our traveler is planning an expedition cruise to the Antarctic where sophisticated medical facilities are unavailable. Each vessel carries a physician and a small infirmary. 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 slippery terrain ashore. Please feel free to contact us if you have any questions.

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:

Name: .....

Date of Birth: .....

Height: ..... Weight: .....

His/Her overall physical condition: .....

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His/Her ability to participate in this expedition and excursions: .....

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Please elaborate on any medical conditions that you feel our shipboard physician should be aware of: .....

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This evaluation pertains to the date on which it is made and to all the pre existing and current medical conditions of the passenger. It does not indicate or imply any medical condition that might occur after the evaluation is made.

Thank you for your help.

Doctor's Name: ..... (Please print)

Address: .....

City: ..... State: ..... ZIP Code: ..... Country: .....

Phone: ..... E-mail: .....

Date:

Doctor's signature: ..... Stamp: