**MEDICAL INFORMATION**

* A REQUIREMENT WITH MISTRALIS EXPEDITIONS

*Please carefully review all details as provided on these forms. Both parts of this form must be completed in full, signed where applicable and returned to Pelagic Expeditions as soon as possible after the contractual agreement is signed.*

**PURPOSE**

This expedition/cruise will be traveling to remote areas that might include long periods at sea where sophisticated medical facilities are unavailable. Although the vessel has a comprehensive medical kit and the skipper has expedition first aid training, the level of care that can be administered on board can only ever be considered ‘first aid.’ A communication link to a doctor on shore is possible, but can never be guaranteed.

However, by completing the confidential medical report below, if injury or illness should arise during the voyage, the skipper will have the basic medical history in order to best deal with the situation. This information will be held by the skipper and crew and remain confidential.

These expeditions and cruises are intended for people of reasonable good health and mobility, commensurate with what is considered safe on a small sailing vessel where heavy weather will create violent motion as well as the inherent risk of sea sickness. Guests who are not fit for such conditions are advised not to take this expedition/cruise, as this may result in an unacceptable risk to you; may interfere with the enjoyment of the other guests onboard; and may even compromise the completion of the voyage itself.

Examples of these conditions include physical disability, frailty or obesity, which severely limit mobility and balance, unstable or severe heart or lung conditions, or poor mental health.

*Should any such condition become apparent, we reserve the right to decline to accept you at point of departure or not to retain you at any time during the voyage where disembarkation is possible.*

Conditions that are considered by your family physician to be stable or

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controlled by treatment are not necessarily a barrier to your traveling with us.

You are also advised to carry your own regular medications for the voyage insufficient quantities to last the duration of the voyage plus several days. Bring any incidental medications that you foresee using, i.e. sea sick pills, band aids, lip salves, throat lozenges, aspirin, etc.

It is also recommended that you bring at least one course of antibiotics for chest and throat infections.

You are further advised that medical evacuation, if available at all, is expensive and may be delayed. The onus of the cost of any evacuation lies with the client, so you are required to have medical insurance that will reimburse you for this risk.

**PART 1**

**HEALTH STATEMENT and MEDICAL HISTORY**

I attest that I am in good general health and mobility, and capable of performing normal activities on this expedition/cruise. I further attest that I am capable of caring for myself during the voyage, and that I will not impede the progress of the voyage or the enjoyment of others aboard. I understand that this expedition/cruise will take me far from the nearest medical facility and that all participants must be self-sufficient.

I am further aware that an emergency evacuation may be unavailable, expensive and delayed. I understand that the medical facilities and attention available on board are of a ‘first aid’ nature only.

I certify that I have not been recently treated for, nor am I aware of any medical condition, infirmity or disability that would create an unreasonable risk to myself or pose a hazard to other members of the expedition/cruise.

1. Have you taken out medical insurance that will cover you for an emergency evacuation from a remote area?
   If yes, please specify name of the company and contact details:
2. Person (next of kin) to contact in case of emergency:
   Name
   Phone
   Relationship
   Email address
   Date of Birth
   Blood Type (if known)   Height   Weight

3. Please list any current medical conditions, infirmities or disabilities that have required the regular care of a doctor?

4. List all medicines that you are taking at this time. Provide the Trade name, the generic name, the dosage, how often you take it and the purpose.

5. Do you have any allergies or sensitivities to drugs (i.e. penicillin) or foods? If yes, please elaborate.

6. Have you been hospitalized or had surgery in the last five years? If so, when and what for?

7. Do you have any history of mental illness? If yes, please elaborate?

8. Are you pregnant? If so, how many weeks pregnant will you be at the time or travel?

9. Have you had a full dental check-up in the last six months before the trip departure (strongly recommended!)

**PART 2**

**DOCTORS STATEMENT**

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Please give this form (Introduction and Parts 1 and 2) to your personal physician along with your itinerary that is published on the website for the expedition/cruise in question.

Dear Doctor,

Our client is planning an expedition/cruise to a remote area, where sophisticated medical facilities are unavailable. The vessel carries a comprehensive medical kit including a full range of pain killers, antibiotics, IV fluids and giving sets and splinting and bandaging materials. The skipper has been trained in expedition first aid, but the level of care can only ever be considered ‘first aid.’ Voice and email communications can be established to a shore side doctor in emergency, but this cannot be guaranteed given the nature of the voyage.

We would like to insure that in your opinion the client is in adequate physical and medical condition to be able to participate in such a voyage on a small sailing vessel. Conditions might include periods of rough seas where mobility and a certain level of fitness is required to avoid injuries. While on shore, cold and windy weather can also be experienced and although the activities on shore will not necessarily be of a strenuous nature, the client must be able to walk safely on uneven and at times slippery terrain.

Please answer the questions below

1. In your opinion, is he/she adequately fit and mobile to be able to participate in such a voyage?

2. Is there any existing medical condition, infirmity or disability (such as heart, lung, limb or joint disease) that could impact on his/her ability to participate for example in small inflatable rubber boat landings on a rough shore line, in cold conditions?

3. Please list any current medical or physical conditions, and include any information that you feel the skipper should be aware of:

4. Please list current medications taken by your patient, using the generic name.