

# OBLIGATORISK HELSEERKLÆRING



Kjære gjest,

Tiden for avreise nærmer seg. Det er svært viktig at du er oppmerksom på at tilgangen til avansert medisinsk tilbud i området vi reiser til, er svært begrenset. Selv om vi har bade kvalifisert lege og sykepleier som del av mannskapet, og selv om sykestuen om bord har basismedikamenter og -utstyr, er likevel rimelig god helse en forutsetning for å delta på denne turen.

Gjester som ikke er i god form og som har helsemessige plager, herunder handikap, hjertesykdom eller andre sykdommer, bes spørre sin fastlege om det er tilrådelig å delta. Noe annet vil være å utsette seg selv for urimelig risiko som også kan redusere reiseopplevelsen for andre medpassasjerer.

Hvis du regelmessig tar medisin, ber vi deg sørge for at du har med tilstrekkelig kvote for hele reisen. Du kan ikke påregne at tilsvarende medisin er tilgjengelig om bord eller i landene vi besøker. I tillegg anbefaler Hurtigruten på det sterkeste at du tegner egen helseforsikring for denne reisen. Om noe skulle skje som krever medisinsk evakuering, vil en slik, om den er tilgjengelig, være meget kostbar. Du bør derfor ha forsikring som dekker slike kostnader for deg.

Vennligst fyll ut vedlagte skjema. Legeattesten må ikke fylles ut av legen tidligere enn 8 uker før avreisedato. Skjemaet skal leveres personlig til skipets lege rett etter innsjekking. Du kan bli nektet å reise dersom del 3 av helseerklæringen ikke er godkjent av lege. Skipets lege og Kaptein forbeholder seg retten til å nekte gjester ombordstigning dersom de ikke er helsemessig istand til å være med.

Vær oppmerksom på at all informasjon i legeattesten er ment som en medisinsk referanse for skipslegen. Attesten vil derfor bli oppbevart av legen under hele reisen.

Takk for samarbeidet.

**Alle reisende må fylle ut hele skjemaet.**

**For å forsikre at dine personlige opplysninger forblir sikre, vennligst ikke send dette medisinske skjemaet tilbake til Hurtigruten. Skjemaet tas med om bord og presenteres for skipets lege.**

## GENERELL FORSIKRINGSINFORMASJON

Medisinsk evakuering, hvis tilgjengelig, er kostbar og vi anbefaler på det sterkeste at du har en reiseforsikring som dekker slike kostnader. Har du tegnet reiseforsikring, i så fall hvilke forsikringsselskap har du?

NAVN:	
SELSKAPETS NØDTELEFON:	
POLICY NUMMER:	

Om jeg ikke tegner reiseforsikring, vil jeg ikke holde Hurtigruten AS ansvarlig for eventuelle tilleggskostnader / tap som følge av avbestilling av denne reisen / ulykke / sykdom/ medisinsk evakuering, eller tap eller skade på bagasje som ville ha vært dekket av tilbudt forsikringsbeskyttelse.

**DATO:** .....

**SIGNATUR:** .....

# MEDICAL CERTIFICATE

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.

EXPEDITION:	
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 HANDICAPS 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, PLEASE CHECK THE FOLLOWING:**

CANE  WALKER  WHEELCHAIR  PROSTHETIC LIMB

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

On studying the information, we reserve the right to contact your doctor about health issues that could affect the journey.

Please check the 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:

Jeg samtykker i at Hurtigruten samler inn og bruker informasjonen i dette skjemaet for min sikkerhet under reisen.

### PART III: 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 areas where sophisticated medical facilities are unavailable. Each vessel carries a physician and a small infirmary. While not strenuous, travelers who participate on 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. The areas being travelled in are very remote and where medevacs are possible can take up to 2 days and in some cases (such as South Georgia) medevacs are impossible, as the area is out of the range of helicopters and/or landing strips. References to our Expedition Voyages: we ask you to take a quick look at the following links, just to give you an idea what kind of journey this is:

[https://www.youtube.com/watch?v=PSJMTtp\\_6kQ](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 in high risk of complications during the trip and therefore they should not join the voyage. Master and Doctor will deny passengers to come onboard with a medical form incomplete and/or with an unstable physical 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):**

<b>POOR</b>	<input type="checkbox"/>	<b>FAIR</b>	<input type="checkbox"/>	<b>GOOD</b>	<input type="checkbox"/>	<b>EXCELLENT</b>	<input type="checkbox"/>
-------------	--------------------------	-------------	--------------------------	-------------	--------------------------	------------------	--------------------------

**THE TRAVELERS' ABILITY TO PARTICIPATE IN THIS EXPEDITION AND EXCURSIONS:**

<b>POOR</b>	<input type="checkbox"/>	<b>FAIR</b>	<input type="checkbox"/>	<b>GOOD</b>	<input type="checkbox"/>	<b>EXCELLENT</b>	<input type="checkbox"/>
-------------	--------------------------	-------------	--------------------------	-------------	--------------------------	------------------	--------------------------

**PLEASE ELABORATE ON ANY MEDICAL CONDITIONS THAT YOU FEEL OUR SHIPBOARD PHYSICIAN SHOULD BE AWARE OF:**

.....

.....

.....

Thank you for your help.

<b>DOCTOR'S NAME (BLOCK LETTERS):</b>			
<b>CODE:</b>		<b>REGISTRY NUMBER:</b>	
<b>TELEPHONE:</b>		<b>E-MAIL:</b>	
<b>CITY, STATE, COUNTRY:</b>			

**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.** Legen er ikke ansvarlig for eventuelle medisinske tilfeller som oppstår under reisen. Ved å undertegne det medisinske skjemaet etterkommer legen bare kravet om at gjesten er skikket til å reise på ovennevnte dato.

**DOCTOR'S STAMP:**