

# MEDICAL FORM

You are about to travel to a remote part of the world, with limited medical facilities. Healthcare for foreigners in Greenland is provided at a cost, and evacuation and repatriation costs can be high. Medical care on board is limited to first aid equipment and there is no physician on board. We ask that you complete this medical form completely, honestly and accurately. If your medical situation changes after you submit this form, it is your responsibility to inform us immediately. Please note: This information will be passed on to the guides and crew on board, as well as to hospital staff and/or rescue personnel in the event of an emergency evacuation.

Ship name: \_\_\_\_\_ Embarkation date: \_\_\_\_\_

Your name: \_\_\_\_\_

## SECTION 1: Medical information

General health status:  Good  Fair  Weak

Evaluate your physical condition:  Full  Normal  Limited

Do you have any life-threatening allergy that could require an emergency evacuation? Please specify:

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What medications are you currently taking (Trade name - Generic name - Dose strength - Frequency - Purpose):

Name: \_\_\_\_\_ Doses: \_\_\_\_\_

Name: \_\_\_\_\_ Doses: \_\_\_\_\_

Name: \_\_\_\_\_ Doses: \_\_\_\_\_

Name: \_\_\_\_\_ Doses: \_\_\_\_\_

**Please note: It is very important that you bring sufficient amounts of medicines to last until you return back home. You should never rely on finding the correct medication at the destination as we operate in very remote areas.**

**Tick off any medical conditions for which you are currently receiving medical treatment or for which you have received medical treatment in the last two years:**

- Neurological - stroke, motor neuron diseases, multiple sclerosis, Parkinson's disease, polio, disorders of balance, seizures (epilepsy), dementia, memory disorders, intellectual impairment
- Musculoskeletal - joint replacements, muscle disorder (e.g. muscular dystrophy)
- Eyes - glaucoma
- Sensory - blindness, deafness, disorders of sensation (e.g. peripheral neuropathy)
- Physical - amputee, post trauma physical disabilities, post surgery physical disabilities
- Gastrointestinal - Crohn's disease, inflammatory bowel disease
- Heart - bypass surgery, angioplasty, stent, rhythm problems, pacemaker, heart failure
- Immune disorders - HIV, AIDS, steroid use
- Cancer - any type
- Lung - emphysema (COPD), severe asthma
- Mental Health disorders - bipolar disease, mania, schizophrenia, psychosis
- Endocrine - diabetes, thyroid
- Blood thinner - anticoagulants
- Pregnant, due date: \_\_\_\_\_
- If you have any other significant health problem in addition to the listed above, please elaborate:

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**If you have checked any of the above boxes, you need to also complete "Section 2" together with your physician.**

I declare that during the expedition, I will manage all my efforts according to my capabilities and refrain from engaging in any activities that may exceed my abilities or jeopardize my personal safety and/or the safety of others.

In the event of a medical emergency or medical evacuation, I consent to this information (including section 2) being disclosed to the staff involved in my treatment.

Traveller's signature: \_\_\_\_\_

Date & place: \_\_\_\_\_

## SECTION 2: To be filled in and signed by your Physician

This section is to be filled in by your physician if you checked any boxes on page 2. Please note that if needed, physicians on the location, evacuation personnel and adequate PolarQuest staff will have, or may need access to this medical form.

Traveller's full name: \_\_\_\_\_

Name of physician: \_\_\_\_\_

Phone number (physician): \_\_\_\_\_

Email (physician): \_\_\_\_\_

Office address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Please list any current medical conditions, infirmities or disabilities.

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List all prescription medicines currently taken by this patient. If more space is needed, please attach a separate sheet (Trade name - Generic name - Dose strength - Frequency - Purpose). Enter N/A if the question does not apply.

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If this patient has been hospitalized or had surgery at any time during the last two years, please tell us when and why.

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Does this patient have mobility limitations? Please describe any mobility aids used by this patient.

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I confirm that the patient is fit to travel on an expedition cruise in the Polar Regions. For more information on the nature of the specific trip, please visit our website [www.polarquest.se](http://www.polarquest.se) (swe) or [www.polar-quest.com](http://www.polar-quest.com) (eng).

Physician's signature: \_\_\_\_\_

Date & place: \_\_\_\_\_

Patient's signature: \_\_\_\_\_  
(or parent, for a minor)

Date & place: \_\_\_\_\_