

For Vantage Travelers: This Medical Form is **mandatory** for embarking the ship and must be delivered to the ship's doctor upon embarkation. This form must be completed by a certified medical practitioner — **failure to do so will result in denial of boarding.**

Please print and complete this form with your doctor. It should be dated no earlier than 8 weeks prior to departure. **Should your health condition change after completing this form, it is your responsibility to notify your doctor to update the form as appropriate.**

Please note: All travelers must return this completed Medical Form and bring with you regardless of whether they are declaring an existing medical condition or not. Please complete and sign this form on behalf of any traveler under 18 years of age under your supervision.

FOR MEDICAL PRACTITIONERS: This Medical Form is to be completed in clear print and signed by both the traveler and a certified medical practitioner.

Dear Traveler,

Our goal at Vantage is to make it possible for everyone to explore the world — and to do that in the most unforgettable fashion, your health and safety are paramount at all times. Completing this Medical Form accurately will help us to deliver an enjoyable voyage for you and your fellow polar expeditioners.

As you are scheduled to join Vantage on an upcoming polar expedition cruise to remote regions that are subject to extreme weather conditions, and which may involve some strenuous activity, we ask you to complete this Medical Form as accurately as possible.

There is a small but well-equipped medical clinic onboard designed to provide initial care for many medical illnesses and injuries. The clinic is staffed by a doctor experienced in remote area medicine; however, hospital-level care may be up to three days away, depending on the ship's location.

Vantage is required to be aware of any and all special medical needs of our travelers and expedition specialists before the voyage. Medical forms may be life-saving and must be fully completed.

PLEASE READ AND ANSWER THE CHECKLIST BELOW

To the best of my knowledge, I am capable of the following:

- YES** **NO** 1. Walking in snow and on icy terrain.
- YES** **NO** 2. Swimming unassisted for at least 50 yards.
- YES** **NO** 3. Making my way across rocky surfaces which can be wet and or slippery at times.
- YES** **NO** 4. Walking comfortably through hilly landscapes and over uneven surfaces (these are not compulsory but encouraged).
- YES** **NO** 5. Balancing adequately to enter and exit Zodiacs (inflatable rubber boats) or similar with some assistance.

MANDATORY PRE-DEPARTURE INFORMATION MEDICAL FORM

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If you have questions, please contact the Vantage Customer Care team at customercare@vantagetravel.com

Please note: The use of medication can help prevent or treat seasickness — see your doctor about what medications might be right for you.

Please note that non-declaration of a medical condition may nullify purchased traveler's insurance. Non-declaration of a medical condition may not only jeopardize your experience, but other Vantage travelers' as well.

Medical evacuation from remote areas is extremely expensive and may take some time to achieve. **Your Expedition Leader and the captain reserve the right to make the final judgement** whether he/she deems you fit to join the expedition or participate in expedition activities.

Please initial that you have read this page: _____

Traveler Name: _____
(name of guardian completing form on behalf of passenger under 18 years of age)

MEDICAL FORM

This page is to be completed by a **certified medical practitioner**. It is important that all the questions are answered. Please print clearly.

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PASSENGER DETAILS

Mr Mrs Miss Ms Dr

Name: _____

Occupation: _____

Email: _____

Phone Number: _____

Age: _____

Expedition Name: _____

Region: _____ Date: _____

Is your client participating in any of the following activities during the voyage?

Sea Kayaking Snowshoeing Hiking & Trekking

MEDICAL HISTORY & COMMON COMPLAINTS:

Please provide details with dates and treatments. Indicate frequency, severity and aggravating factors where relevant. List medications used. An attachment may be necessary.

Height (cm/ft) _____ BP (sitting) _____ B.M.I. _____

Weight (kg/lb) _____ Pulse _____

If the answer is “yes” to any of the following questions, please supply full information.

- | | |
|---|---|
| 1. Raised blood pressure <input type="checkbox"/> YES <input type="checkbox"/> NO | 8. Joint or mobility problems / injury <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Heart or circulatory disease <input type="checkbox"/> YES <input type="checkbox"/> NO | 9. Surgical operations (please list all) <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Chest or lung disease <input type="checkbox"/> YES <input type="checkbox"/> NO | 10. Mental / emotional instability <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Asthma / hayfever <input type="checkbox"/> YES <input type="checkbox"/> NO | 11. Pregnant (travel not recommended) <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Epilepsy / other neurological condition <input type="checkbox"/> YES <input type="checkbox"/> NO | 12. Any allergy to drugs, chemicals or foods <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Digestive or bowel disorder <input type="checkbox"/> YES <input type="checkbox"/> NO | 13. List of current medications, if any: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Diabetes <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| | _____ |
| | _____ |
| | _____ |

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By signing this form, I confirm that I understand the conditions outlined in this Medical Form and in my medical opinion, _____ (name of traveler)

is **FIT / NOT FIT** (please circle) to undertake the expedition and participate in any included or optional (paid) activities such as sea kayaking.

Signed: _____

Date: _____ (DAY/MTH/YR)

Doctor's telephone number: _____

NOTE: If the traveler is a medical doctor, this form must be completed by another qualified medical advisor.

I, _____ (name of traveler), give permission for Vantage's medical staff (or medical doctor acting in that position) to discuss my condition with any of my medical team and/or myself.

I also give permission for the medical staff to discuss any of my medical concerns with the Expedition Leader since it may influence the outcome of my expedition. If requested by the expedition doctor, I agree to having a translator present to facilitate an onboard medical consultation.

I understand that it is my responsibility to notify Vantage Travel if there are any changes that may affect my health and wellbeing after this form has been completed and before my expedition commences.

Traveler's Signature: _____

Date: _____ (DAY/MTH/YR)

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