



We require all guests to complete this mandatory declaration no more than 12 hours before they board their expedition and bring it with them to the yacht on embarkation day. While vaccination is not required to board our vessels, we do ask for this information to help onboard staff and crew control any health emergencies that may occur.

Date Completed:	Vessel:	Contact Cell Phone #:	Next of Kin Contact - Phone #:
Full Name: (as shown in passport)			Age
Number of children under 12 traveling with you:		Number of people you're traveling with:	

To assist us in protecting the health and safety of all persons boarding the ship, please select a response for each of the following questions:

Currently, and in the past 14 days:		Yes	No			
1	Have you had any symptoms of fever, chills, feverishness, cough, shortness of breath or difficulty breathing, sore throat, muscle or body aches, nausea, vomiting or diarrhea? If Yes, specify:	<input type="checkbox"/>	<input type="checkbox"/>			
2	Have you been in contact with anyone who has been diagnosed with an acute respiratory illness, such as viral influenza (FLU) or pneumonia?	<input type="checkbox"/>	<input type="checkbox"/>			
Covid-19:						
3	Have you been vaccinated against Covid-19?	<input type="checkbox"/>	<input type="checkbox"/>			
4	If you have NOT been vaccinated, have you been tested for Covid-19 in the last 48h? Result:	<input type="checkbox"/>	<input type="checkbox"/>			
Other medical information:		<i>Please fill in the below to help us better assist you:</i>				
5	Evaluate your general health	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>	
6	Evaluate your physical condition/stamina	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>	
7	Are you allergic to any food or substance? Specify:	<input type="checkbox"/>	<input type="checkbox"/>			
8		Yes	No		Yes	No
	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Digestive disorder	<input type="checkbox"/>	<input type="checkbox"/>
	Heart/vascular disease or heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	Vision, hearing difficulty	<input type="checkbox"/>	<input type="checkbox"/>
	Lung disease, asthma, bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>
	Epilepsy / other neurological condition	<input type="checkbox"/>	<input type="checkbox"/>	Fractures / dislocations	<input type="checkbox"/>	<input type="checkbox"/>
	Are you currently pregnant (up to 23 weeks)?	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
	Restricted mobility/difficulty walking, use crutches, a walking stick or wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a prosthesis or joint replacement?	<input type="checkbox"/>	<input type="checkbox"/>
9	For Expedition cruises only (Arctic/Antarctica)	<i>To the best of my knowledge, I am physically fit for:</i>				
	Swimming unassisted	<input type="checkbox"/>	<input type="checkbox"/>	Walking on snow/icy terrain	<input type="checkbox"/>	<input type="checkbox"/>
	Walking on rocky, slippery ground	<input type="checkbox"/>	<input type="checkbox"/>	Sea Kayaking	<input type="checkbox"/>	<input type="checkbox"/>
	Enter/exit Zodiacs (inflatable boats) unassisted	<input type="checkbox"/>	<input type="checkbox"/>	Paddling / Stand-Up Paddling	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES" to questions 1 to 3, you will be assessed free of charge by a member of the ship's medical staff.

The information in this questionnaire may be reported to relevant Public Health Authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation.

I certify that the above declaration is true and correct and understand that any dishonest answers may have serious public health implications and/or hinder emergency medical assistance that I may need.

If you have any of the symptoms in 1. and 2. while onboard, please contact Reception by phone immediately.

COMPLETED BY PASSENGER	
Signature:	Date:

PART B: MEDICAL ASSESSMENT		<i>(Ship Medical Staff must use adequate PPE)</i>	
Type of Covid-19 test and result upon boarding, if done:			
Comments:			
PERFORMED BY <i>(Ship Medical Staff):</i>			
Name and position:	Date:	Signature:	

This form contains confidential information and should be kept filed and controlled by the Medical Staff onboard.