Adventure Under Sail makes every effort to ensure the safety of every person on board. Our trainees are expected to assume responsibility for their own safety. Insufficient mental or physical health may create undue risks not only to yourself, but it is essential to realize that illness or accidents may also threaten the safety of other trainees and crew and may seriously disrupt the sailing program of the vessel.

Medical Care

When undertaking a long ocean voyage where you are several days of sailing away from the inhabited world, it is important to realise that extensive medical care is not available. Transport to the mainland is often impossible. On board there are crew members with a medical training.

**If you are in doubt about your fitness for a sea voyage on a sailing and rolling ship, you are requesgted to seek your doctor’s advice first**

To prevent misunderstandings please answer the questions below. Please keep in mind that a question answered with 'yes' does not automatically mean you will be refused on board the ship.

Do you need help in climbing stairs or taking thresholds of 60 cm (2 ft)? ··························································

Are you by experience very prone to motion sickness (sea sickness)? ·····························································

Do you have diabetes? ·····························································································································

If yes, do you need injections? ···················································································································

Do you have any respiratory problems? (e.g. Asthma) ···················································································

Yes No

Yes No

Yes No

Yes No

Yes No

Do you have heart or vascular problems? ···································································································Y · es No

Do you have epilepsy? ································································································································

Do you have an increased risk for infections, or did you have radio- or chemotherapy in the past 24 months? ·····

Have you been denied a driver's license on medical grounds? ·······································································

Do you use anticoagulants (bloodthinners)?··································································································

Are you pregnant?······································································································································

Do you suffer from other medical condition of which Adventure Under Sail must be informed?························

Do you have a previous history of a nervous or mental disorder? ·····································································

Do you have joint replacements (hip/knee)? ································································································

Do you experience any difficulty with your physical mobility? ·········································································

Do you experience any difficulty with your hearing? ·····················································································

Do you experience any difficulty with climbing a rope ladder? ······································································

Do you do sports or any exercise? ···············································································································

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

**Please provide a complete list of any medication including dosage:**

**Please list any allergies:**

**Because of the certain measurements of the safety hatches on board the ship, we ask the following: Do you estimate that you could use the emergency escape hatch with the measurement of 60 x 52 cm? Yes ❑ No ❑**

**Weight in kg: Height in cms:**

**Signed:**

I am aware of and accept the conditions and considerations above. I declare to have answered these questions truthfully. This booking is subject to the ships doctors and captains approval based on the completed health statement. I am fully aware that my participation in the voyage on board the Pelican of London is at my own risk ❑

**Name:**

**Date:**