Questions for the Boat to Antarctica



1.	1. Full name									
2. Cell phone number										
3. Nationality										
4. Blood type:										
A-	A+	AB-	AB+							
B-	B+	O-	O+							
5. General health: (pick one)										
Fai	ir Good	Excellent								
6.	6. Physical condition: (pick one)									
Fai	ir Good	Excellent								
7. Do you have any medical related illnesses, disabilities or infirmities that have required the regular care of a Physician over the past 12 months? <i>Please describe in general terms</i> .										
8.	8. List all physician prescribed medications that you are taking at this time and the dosages.									
9.	Have you been hosy what?	pitalized or ha	ad surgery in the last five years? If so, when and for							

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10.	Do you have any	heart or respi	ratory problem	ıs? Are you a	diabetic?	Please
	elaborate.					

11. Do you have any dietary restrictions, food or drug allergies? If so, what are they?

12. Do you have any physical or mental limitations, disabilities or use a prosthesis? Are you pregnant? If so, how many weeks pregnant at the time of trip departure? Do you have difficulty walking or use crutches, a cane or a wheelchair?

13. "I attest that I am in good general health and capable of performing normal excursion activities which may require moderate exertion. I am aware that I must have a high degree of self-sufficiency. I understand that this Antarctic expedition will take me far from the nearest hospital or fully equipped medical facility and I must be in good health. With that understanding, I certify that to the best of my knowledge I am physically capable of participating in the programs."

(pick one)

Agree Disagree