

PLEASE PRINT CLEARLY AND SIGN THE BOTTOM OF THE FORM  
Please return no earlier than 6 months before travel date

Dear Doctor,

Please examine the person named (over) and complete this form. He/She is booked to travel with Aurora Expeditions on a ship-based adventure holiday. These expeditions may involve strenuous exercise and will be in remote polar regions, which are often subject to harsh and extreme conditions.

Medical care from the ships' doctor is in a basic with facilities similar to a paramedic ambulance but further medical care may be up to 24 hours away. There is no hospital or pathology service available.

It is most important that we are alerted to any special medical needs of our passengers before the voyage. Medical forms maybe life saving and must be fully completed. Forms will be destroyed at the end of the voyage.

Passengers on our voyages need to be capable of:

- Walking up and down the ships gangway – equivalent to walking up and down a steep set of stairs. At times, the ship may be pitching and rolling.
- Getting in and out of Zodiacs (inflatable rubber boats) with some assistance from our staff.
- Making their way across rock surfaces which can be wet/slippy at times.
- Walking on snow and ice.
- Guided walks through mostly undulating terrain and over uneven surfaces – these are not compulsory but encouraged.

If you wish to discuss this person's suitability for our expedition. Please contact our ship's Doctor: [doctors@auroraexpeditions.com.au](mailto:doctors@auroraexpeditions.com.au) or 02 9252 1033.

The use of medication can help prevent or treat seasickness. Recommended medications include: **Promethazine (Phenergan, Avomine), Hyoscine (Kwells, Travelcalm, Scopolamine patches), and Dimenhydrinate (Dramamine)**. Less sedative medications include **Cinnarazine (Stugeron) and Meclizine (Antivert)**.

It is important that passengers try the medication at home first before their trip.

**Please note: Prochlorperazine (Stemetil) or Metoclopramide (Maxolon) are not effective for managing motion sickness.**

*Please note that non-declaration of a medical condition may nullify a passenger's insurance. Non-declaration of a medical condition may jeopardise not only this passenger's trip but also everyone else's. Medical evacuation from remote areas is extremely expensive and may take some time to achieve.*

Please initial that you have read this page: .....

Passenger Name: .....

Suite 12, Level 2, 35 Buckingham Street, Surry Hills NSW 2010 Australia

T +61 2 9252 1033 F +61 2 9252 1373 E [info@auroraexpeditions.com.au](mailto:info@auroraexpeditions.com.au) W [auroraexpeditions.com.au](http://auroraexpeditions.com.au)

PLEASE MAIL ORIGINAL FORM OR SCAN AND EMAIL TO AURORA EXPEDITIONS. Please print clearly.

## PERSONAL DETAILS

Mr  Mrs  Miss  Ms  Dr Surname: .....

Given Names: .....

Occupation: ..... Age: .....

Expedition Name: ..... Expedition Date: .....

Expedition Activity:  Sea Kayaking  Mountaineering  Alpine Crossing  Diving/Snorkeling

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

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## PLEASE PRINT CLEARLY

Height: ..... cm Weight: ..... kg B.M.I.: ..... BP (Sitting): ..... 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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In my opinion: ..... is  FIT /  NOT FIT to undertake the above expedition and associated activity.

Signed: .....

Doctor's Stamp:

Date: ...../...../.....

Doctor's telephone number: .....

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

I, ..... (name of passenger), give permission for the Medical Director of Aurora (or medical doctor acting in that position) to discuss my condition with any of my medical team.

I also give permission for the Medical Director to discuss any of my medical concerns with the Expedition Leader since it may influence the outcome of my expedition.

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

Passengers Signature: ..... Date: ...../...../.....

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