

'Fit for Travel' Declaration

Name: _____
 Date of Birth: _____
 Address: _____
 Phone: _____
 Email: _____
 Date of Travel _____

Emergency Contact (not a fellow passenger)

Name: _____
 Relationship: _____
 Address: _____
 Email: _____
 Phone: _____

Please tick one box for each question

If you answer YES to any of the questions but still feel able to travel, please provide a doctor's clearance

<u>Yes</u>	<u>No</u>	Fitness to Travel Questions
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a medical or physical condition that affects your mobility or balance? <i>Rule of thumb criteria – the ability to climb 2 flights of steep staircases on a moving ship, <u>unaided</u> and with a reasonable degree of confidence</i>
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a condition where the remoteness of the voyage may put you at undue risk? <i>There is no doctor on board. You may be up to a day away from professional medical help</i>
<input type="checkbox"/>	<input type="checkbox"/>	Do you have significant sight impairment which may impact your ability to safely move around an industrial ship? <i>Consider obstacles such as: steep staircases, hatchway step-overs, awkward gangway, instruments and fittings protruding from floors and walls</i>
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a significant mental /psychiatric condition (include dementia or Alzheimers)? <i>Passengers must be alert to cope with the confusion of a busy workplace and possible emergency</i>
<input type="checkbox"/>	<input type="checkbox"/>	Do you require the assistance of another person to help you on a day to day basis? <i>You must be fully independent and able to administer any medications yourself</i>
<input type="checkbox"/>	<input type="checkbox"/>	Have you or your family been overseas in the last 28 days. <i>If the answer is yes, what country. _____</i>
<input type="checkbox"/>	<input type="checkbox"/>	Have you experienced any illness symptoms that require further investigation by your GP?

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- I have answered the above questions honestly and fully.
- I understand the vessel is a freight ship travelling to a remote area and presents obstacles and potential hazards not present on usual passenger cruises. **There is no doctor on board.**
- I understand that the ship's Master has the final decision regarding a passenger's fitness for the trip and may refuse travel, without compensation, at boarding if he/she considers this necessary
- Once on board the vessel, I agree to provide the ship's purser with a completed medical questionnaire. I authorise a Sea Swift representative to access my medical information and, if necessary, to relay it to a third person such as medical or emergency personnel. I understand that the information on the questionnaire may influence medical assistance given to me.
- Terms & Conditions
 I have read Terms & Conditions of the Carriage of Passengers attached to this email
If you have not received this or cannot open the attachment, please advise Passenger Services

Significant Dietary Requirements / Allergies

e.g lactose intolerant, anaphylaxis, or if none please note N/A

(please do **not** include likes or dislikes) _____

To be completed ON BOARD THE TRINTY BAY ON DEPARTURE DAY:

Please initial the boxes to confirm your earlier online answers

I confirm the above information is correct

Signed: _____
(Parent/Guardian to sign for children under 16)

Date: _____

Name: _____