



HURTIGRUTEN

REQUIRED HEALTH STATEMENT Antarctica Explorer Cruising

Dear guests:

As the date of your Antarctic expedition approaches, it is important that you understand that there are no sophisticated medical facilities available in Antarctica. Although the ship's staff includes a qualified physician and nurse and our on-board infirmary has basic medications and equipment, these expeditions are intended for persons in reasonably good health.

As part of Hurtigruten's obligation for self-sufficiency under the terms of the Antarctic Treaty System, you are required to attest to your good health and ability to participate in an Antarctic voyage. Passengers not fit for long trips for any reason, including disability, heart or other health conditions, are asked to consult with their personal physician about the advisability of joining these expeditions. To do otherwise would entail unreasonable risk to your health and to the enjoyment of all passengers aboard.

If you are taking medications regularly, you are advised to carry a full supply with you since these may not be available on board or in South America. In addition, Hurtigruten *strongly* urges that you purchase medical insurance that covers you during your travels. In case you suffer a medical emergency in Antarctica, your medical evacuation, if necessary and if available, is extremely expensive, therefore every passenger should carry insurance that will cover him for this cost.

Additionally, all passengers should have available their Medical Insurance Company name, Company's emergency telephone number and policy number.

Please complete the forms below, within 3 months prior to departure and bring them on board the ship. The form has to be delivered personally to the ship's doctor right after check-in. Boarding will be denied if these forms are not presented at time of embarkation.

Note that all information contained in the Medical Forms is intended as a medical reference for the on board Doctor and will be retained by him throughout the duration of the voyage.

Thank you for your cooperation.



GENERAL INSURANCE INFORMATION

Antarctic Explorer Cruising

All travelers must complete every section of this form.

This expedition is intended for persons in reasonably good health. Passengers, who are not fit for long trips for any reason, including disability, heart or other health condition, are advised not to join the tour, which would entail an unreasonable risk to your health and to the enjoyment of all passengers aboard. Should any such condition become apparent, we reserve the right to decline to accept or retain you or any other passenger at any time during the trip.

Please return this completed form with registration. This is part of our obligation for self-sufficiency under the terms of the Antarctic Treaty System. In addition, you are advised to carry your own regular medications, which may not be available aboard. Passengers are further advised that medical evacuation, if available, is expensive and that we strongly recommend that you have a travel protection plan/travel insurance that will reimburse you for this cost.

Have you taken out a travel protection plan / travel insurance?

Yes No

Name of company _____

Company's emergency number _____

Policy number _____

In declining the purchase of Travel Protection Plan, I will not hold Hurtigruten Group ASA responsible for any additional expenses/ losses incurred resulting from my cancellation of this trip, accident, sickness, medical evacuation, lost or damaged baggage that would have been covered by the insurance protection offered.

MEDICAL INFORMATION

Passenger Name _____

Date of Birth Month _____ Day _____ Year _____

Height _____ Weight _____

Evaluate your general health:

() Fair () Good () Excellent

Evaluate your physical conditions/stamina:

() Fair () Good () Excellent

Name any medical condition that requires regular doctor care. Please list medications and dosages of all doctor prescribed products:

Please check off any of the following that apply to you:

Diabetic () Year of diagnosis? () Are you on insulin? Y N Type of insuline and dose:

Heart condition () Year of diagnosis? () Describe the condition:

Respiratory Condition () Year of diagnosis? () Do you require oxygen therapy on a regular basis? Y N

Describe the condition:

Pregnancy () If checked, how many months? _____

Do you have any mobility issue that would prevent you from climbing in and out of a Rubber inflatable boat (RIB), i.e "Zodiac" or a rigid hull landing craft i.e. Polar Circle Boat? Y N

If you replied YES to the previous question, please check the following:

Wheelchair () Prosthetic Limb () Cane () Walker ()

List all surgeries in the last five years: _____

List reasons for hospitalization other than surgeries in the last five years: _____

Drug Allergies () If checked, please list medications you are allergic to: _____

Do you have any dietary restrictions? () If yes, what are they? _____

Emergency Contact Person _____

Relationship _____

Phone Number _____

Address _____

Medical Advisors Opinion

Please give this form along with your itinerary to your personal physician.

Dear Doctor:

Our traveler is planning an expedition cruise to the Antarctic where sophisticated medical facilities are unavailable. Each vessel carries a physician and a small infirmary. While not strenuous, travelers who participate on excursions must negotiate a steep gangway, get in and out of landing boats with assistance and be capable of walking a short distance over uneven and slippery terrain ashore. Please feel free to contact us if you have any questions.

We would like to be sure that each of our passengers are in adequate medical condition for the voyage and that our shipboard physician is fully alerted to any potential health problems. We would appreciate your evaluation of:

Name _____

Date of Birth _____

Height _____ Weight _____

His/Her overall physical condition: _____

His/Her ability to participate in this expedition and excursions: _____

Please elaborate on any medical conditions that you feel our shipboard physician should be aware of: _____

This evaluation pertains to the date in which it is made and to all the pre existing and current medical condition of the passenger. It does not indicate nor imply on medical condition that might occur after the evaluation is made.

Thank you for your help.

Doctor's Name: (Please print) _____

Date: _____

Doctor's Signature: _____

Telephone: _____

City: _____

State, Country _____

Fax number: _____