



# LANGSAMREISEN

die Gegenwart entdecken

## FREIGHTER PASSENGER MEDICAL CERTIFICATE OF HEALTH (Please use capital letters.)

Vessel Name: \_\_\_\_\_ Expected Date of Departure: \_\_\_\_\_ Duration: \_\_\_\_\_

This certificate is mandatory for all freighter passengers. It is to be completed and signed by the passenger's physician not more than 30 days prior to expected embarkation date, attesting to the fact that:

The Passenger (full Name) \_\_\_\_\_ Age: \_\_\_\_\_ is in good health and able to travel on a freighter that does not have a doctor on board.  
Yes \_\_\_\_\_ No \_\_\_\_\_

Is this passenger infirm by reason of age or illness? Yes \_\_\_\_\_ No \_\_\_\_\_

Has this passenger had a previous history of:

	Yes _____	No _____	<u>Remarks</u>
• Dizziness, fainting or unconscious spells?	Yes _____	No _____	_____
• Nervous or mental disorder?	Yes _____	No _____	_____
• Tuberculosis or any chest or lung disease?	Yes _____	No _____	_____
• Disorder of heart or blood pressure?	Yes _____	No _____	_____
• Numbness, weakness or swelling of lower extremities?	Yes _____	No _____	_____
• Diabetes?	Yes _____	No _____	_____
• Stomach ulcers, duodenal ulcer or peptic ulcer?	Yes _____	No _____	_____
• Gall bladder or kidney disorders?	Yes _____	No _____	_____
• Impaired vision or hearing?	Yes _____	No _____	_____
• Need for use of cane, crutches, wheelchair? *	Yes _____	No _____	_____
• Has the passenger joint replacements (hip/knee)? **	Yes _____	No _____	_____
• Is the passenger allergic? To What?	Yes _____	No _____	_____
• Is the passenger allergic to any medication? Which?	Yes _____	No _____	_____
• Is the passenger on any medication? Which?	Yes _____	No _____	_____
• If yes, is assistance required in taking this medication?	Yes _____	No _____	_____

Further remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ich have been this patient's doctor for/since \_\_\_\_\_ Adresse / stamp:

Telephone-Nr.: \_\_\_\_\_  
\_\_\_\_\_

Place / Date: \_\_\_\_\_ Doctor's signature: \_\_\_\_\_

\* Persons who need a cane, crutches, wheelchair, artificial limbs or the assistance of any other person to move about cannot be accepted for passage. Passengers must be able to walk and care for themselves unaided.

\*\* Persons with joint replacements may experience pain due to vibrations on freighters that can considerably affect the mobility. In serious cases subject passengers may have to be excluded from continuation of their passage.