



HEALTH STATEMENT

The Shipping Company Clipper *Stad Amsterdam* makes every effort to ensure the optimal safety of all persons on board.

We also ask our guests to assume responsibility for their own safety and that of the other passengers. Insufficient mental or physical health may create undue risks not only for yourself, but it is essential to realize that illness or accidents may also threaten the safety of other passengers and crew and may seriously disrupt the sailing program of the vessel.

To prevent misunderstandings we have drawn up this statement. We kindly request you to fill in and sign this document, and send it to our company:

- | | | |
|---|------------------------------|-----------------------------|
| Do you need help in climbing stairs or taking thresholds of 60 cm [2ft]? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you by experience very prone to motion sickness [sea sickness]? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have diabetes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, do you need injections? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any heart problems, current or in the past? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have or respiratory problems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have epilepsy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have an increased risk for infections or did you have radio- or chemotherapy in the past 2 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you been denied a driver's license on medical grounds? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you use anticoagulants [blood thinners]? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you pregnant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is there another medical reason for the company to know?
If yes, please mention this under 'medication'. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

This is the complete list of my medication including dosage:

.....
.....
.....

Known allergies:.....



If you answered 'Yes' to any of these questions, we request you to contact our office before you register for this trip. If you are in doubt, we suggest you to call your doctor or specialist for advice first.

On the Clipper's trips there is usually a ship's doctor on board. You are urgently requested to advise the ship's doctor at the onset of the journey of any health problems or use of medicine that may be of importance. Please make sure that you take enough of your own medicine with you for the entire trip.

By signing this health statement, you declare yourself to be familiar with and in agreement with the terms and considerations in the above-stated text.

Name: _____

Trip: _____

Date of birth: _____

Length: _____

Weight: _____

Phone number _____

Email address: _____

Autograph for approval: _____