

Health Statement

The Shipping Company Clipper Stad Amsterdam is making every effort to ensure the optimal safety of all persons on board. We also ask our guests to take responsibility for their own and each other's safety. Health problems, illness or accidents may threaten your safety and the safety of other passengers and crew and could seriously disrupt the sailing program of the vessel.

To prevent misunderstandings we kindly ask you to personally and truthfully answer all questions below.

If you have answered 'yes' to one or more of the questions below or if you have listed medication, our Medical Advisor may contact you by email to request additional information with regards to your specific situation. Please note that the approval of your health statement is required before your booking becomes definite. We advise you to wait with organizing flights and processing payment until you have received the approval.

If you are in doubt, we suggest you call your doctor or specialist for advice first.

Usually, a ship's doctor will be 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 medications that may be of importance. Please make sure to bring a sufficient amount of medicine for the entire duration of the trip.

*If you tick 'yes' please provide additional information below.

* Required

1. Email *

2. First- and Lastname: *

Question 1

3. Do you need help in climbing stairs or taking thresholds of 60 cm [2ft]? *

Mark only one oval.

- Yes *Skip to question 4*
 No *Skip to question 5*

Explanation question 1

4. Explanation: *
-

Question 2

5. Are you by experience very prone to motion sickness [sea sickness]? *

Mark only one oval.

- Yes *Skip to question 6*
 No *Skip to question 7*

Explanation question 2

6. If you answered yes: consider preventive measures, read about motion sickness (online) or ask your drugstore or doctor for advice. *

Mark only one oval.

- Ok

Question 3

7. Do you have diabetes? *

Mark only one oval.

Yes Skip to question 8

No Skip to question 9

Explanation question 3

8. Explanation (e.g. since when, insulin use, tablet use, do you currently have diabetes symptoms): *

Question 4

9. Do you have respiratory problems? *

Mark only one oval.

Yes Skip to question 10

No Skip to question 11

Explanation question 4

10. Explanation (including dates of treatments) and list of your medication (including dosage): *

Question 5

11. Do you have any heart problems, current or in the past? *

Mark only one oval.

- Yes
- No *Skip to question 13*

Explanation question 5

12. Explanation (diagnosis, since when, use of medication, data of possible treatments, do you currently have complaints?): *

Question 6

13. Do you use anticoagulants [blood thinners]? *

Mark only one oval.

- Yes *Skip to question 14*
- No *Skip to question 15*

Explanation question 6

14. Explanation (the reason for use, since when, which medicine, are blood tests carried out or do you check the extent of the clotting yourself?): *

Question 7

15. Do you have other medical or psychological disorders that are not mentioned above? *

Mark only one oval.

- Yes *Skip to question 16*
- No *Skip to question 17*

Explanation question 7

16. Explanation (which condition, since when, which medication do you use for this, do you currently have any complaints?): *

Question 8

17. Do you have epilepsy? *

Mark only one oval.

Yes

No *Skip to question 19*

Explanation question 8

18. List regarding your medication (including dosage): *

Question 9

19. Do you have an increased risk for infections or did you have radio- or chemotherapy in the past 2 years? *

Mark only one oval.

Yes *Skip to question 20*

No *Skip to question 21*

Explanation question 9

20. Explanation (including dates of any treatments) and list of your medication (including dosage): *

Question 10

21. Have you been denied a driver's license on medical grounds? *

Mark only one oval.

Yes

No *Skip to question 23*

Explanation question 10

22. Explanation: *

Question 11

23. Are you pregnant? *

Mark only one oval.

Yes *Skip to question 24*

No/ not applicable *Skip to question 25*

Explanation question 11

24. Expected date of birth: *

Question 12

25. Do you have a hearing or visual impairment? *

Mark only one oval.

- Yes *Skip to question 26*
- No *Skip to question 27*

Explanation question 12

26. Please explain to what extent you are limited in your vision and / or hearing: *

Question 13

27. Do you use any other medication (not mentioned earlier)? If yes, please specify below. Please also describe the reason for using the medication. *

Question 14

28. Known allergies or intolerances:

Mark only one oval.

Yes

No *Skip to question 30*

Explanation question 14

29. Explanation: *

General info

30. Trip: *

31. Date of birth: *

dd-mm-yyyy, for example 27th of February 1987 = 27-02-1987

32. Height (cm): *

33. Weight (kg): *

34. Phone number: *

Changes in your health situation?

In case changes occur in your health condition after signing this statement, we urge you to contact our office before the start of your voyage.

35. I hereby declare: *

Check all that apply.

that I have truthfully completed the health declaration and I agree with the conditions and considerations described above. I am aware that I am participating in the trip with the Clipper Stad Amsterdam at my own risk.

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