

MEDICAL CERTIFICATE

The Statement, required of all passengers, is to be signed by a medical doctor not more than 30 days prior to expected sailing date.

I certify that _____ Age _____
(Name of passenger)

is in good health and is able to travel on a vessel which does not have a physician, nurse or hospital facilities on board.

Is this passenger infirm by reason of age or illness ? YES _____ NO _____

Is this passenger on any medication ? _____ If YES please specify _____

Has this passenger had a previous history of :

Dizziness fainting or unconscious spells	_____
Nervous or Mental disorders	_____
Tuberculosis, chest or lung disease	_____
Disorder of heart or blood pressure	_____
Numbness, weakness or peptic ulcers	_____
Gallbladder, liver or kidney disorders	_____
Need the use of canes or crutches	_____
Impaired vision or hearing	_____
Asthma	_____
Pregnant woman (number of months)	_____
Physical handicap affecting motivity	_____

If YES to any of the above, please explain further _____

How long have you been this passenger's physician ? _____

Physician's Name _____ Signature _____

Physician's ID _____

Address _____

Telephone No. _____ Date _____

I acknowledge that I am aware that the vessel on which I will travel does not have a physician, nurse or hospital facilities on board. The physician's statement above is correct to the best of my knowledge. I further understand that in the event of illness, disease or injury. I agree to disembark from the vessel at the request of the Master at any designated port short of final destination should my presence on board prove detrimental to the safety and well-being of my self and others on board.

SHIP :

Date of Departure :

Passengers's Signature :