

## Important information for the doctor

The shipping company MACS demands a medical certificate from cargo ship travelers, confirming that there are no concerns about a trip on a cargo ship. Such a certificate is required for the following reasons:

- The ship does not carry a doctor and medical facilities aboard are limited. Medical attention amounting to more than First Aid is not available aboard and will not be available quickly from external sources.
- All members of the ship's crew are fully engaged in their own routine duties and are therefore unable to give assistance or attention on a regular basis to any particular passenger.
- Ships are exposed to unexpected movements. Good balance and mobility are required.
- Persons who need a cane, crutches, wheelchair, artificial limbs or the assistance of another person to move around cannot be accepted for passage. Passengers must be able to walk well and take care for themselves unaided.
- Persons with joint replacements may experience pain due to vibrations on freighters that can considerably affect the mobility. Therefore in serious cases former passengers had to be excluded from continuation of their passage.
- Doors with access to open decks have very strong automatic closing devices and raised (knee-high) thresholds. Suitable agility and physical strength are necessary.
- As the vessel is no cruise/passenger liner, it is not equipped with elevators or similar amenities. Usually a vessel has at least six and even more floors, therefore passengers have to be fit enough to climb several stairs.
- Please advise if the passenger is suffering from or has a history of osteoporosis, as even a minor fall aboard the ship in rough weather is likely to have serious repercussions.
- The ship will pass different climate zones. Passengers may experience physical strain due to rigorous climate changes (great heat/humidity, etc.).

The shipping company is not responsible for payment of any doctor's fee, which may be charged in connection with this certificate.

Please ensure that the certificate is not issued earlier than 30 days before the planned departure.

Passengers aged 70 years and over are required to have a certificate in order to book the voyage and a new one shortly before departure.

Vessel Name: \_\_\_\_\_

Expected Date of Departure: \_\_\_\_\_

Duration: \_\_\_\_\_

**Freighter Passenger Medical Certificate of Health - please print clearly**

This certificate is mandatory for freighter passengers who are in or over age of 65 years during the freighter voyage. It is to be completed and signed by the passenger's physician **not more than 30 days prior to expected embarkation date.**

**From passengers over 70 years this certificate is also necessary in order to book a voyage.**

A) The passenger (full Name): \_\_\_\_\_ Age: \_\_\_\_\_

**is in good health and able to travel on a freighter  
that does not have a doctor onboard:**

Yes ☐ No ☐

For remarks if Yes: \_\_\_\_\_

B) Is this passenger infirm by reason of age or illness?

Yes ☐ No ☐

C) Has the passenger had a previous history of:

1. Dizziness, fainting or unconscious spells?

Yes ☐ No ☐

2. Nervous or mental disorder?

Yes ☐ No ☐

3. Tuberculosis or any chest or lung disease?

Yes ☐ No ☐

4. Disorder of heart or blood pressure?

Yes ☐ No ☐

5. Numbness, weakness or swelling of lower extremities?

Yes ☐ No ☐

6. Diabetes?

Yes ☐ No ☐

7. Stomach ulcers, duodenal ulcer or peptic ulcer?

Yes ☐ No ☐

8. Gall bladder or kidney disorders?

Yes ☐ No ☐

9. Impaired vision or hearing or movements?

Yes ☐ No ☐

10. Need for use of cane, crutches, wheelchair?

Yes ☐ No ☐

10a. Has the passenger joint replacements? (hip/knee)?

Yes ☐ No ☐

11. Is the passenger allergic? To what?

Yes ☐ No ☐

12. Is the passenger allergic to any medication? Which?

Yes ☐ No ☐

13. Is the passenger on any medication? Which?

Yes ☐ No ☐

14. If yes, is assistance required in taking this medication?

Yes ☐ No ☐

Further remarks which might be impact on the physical and/or mental condition of the passenger during the intended voyage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have received and read the enclosed important information for the doctor.**

Doctor's signature: \_\_\_\_\_

Place / Date: \_\_\_\_\_

Address / stamp: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**I have been this patient's doctor for \_\_\_\_\_ years.**