



SIM EXPEDITIONS

Cape Horn + Tierra del Fuego + Antarctica

Expedition Medical Form (Vier-Seiten-Dokument)

Introduction

Even though there are hospital facilities in major cities in Patagonia in general there are no sophisticated medical facilities available in the southern Patagonia, Tierra del Fuego, Cape Horn areas, as well as in the Antarctic. If there are any facilities at all, most count with basic staffing, equipment, and infrastructure. This expedition is intended for persons in reasonably good health. Passengers, who are not fit for long trips for any reason, including disability, heart or other health condition, are advised not to join the tour, which would entail an unreasonable risk to your health and to the enjoyment of all participants aboard. Should any such condition become apparent, we reserve the right to decline to accept or retain you or any other participant at any time during the trip.

In addition, you are advised to carry your own regular medications, which will not be available aboard. Participants are further advised that medical evacuation, if available, is expensive and that we strongly recommend that you have medical insurance that will reimburse you for this cost.

Part I: Personal Information

Full Name _____

Passport Number _____

Date of Birth _____

Nationality _____

Address _____

Contact Person in Case of Emergency _____

Relationship to You _____

Phone Number of Contact Person _____

E-mail address of Contact Person _____



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Part II: Health Statement

I attest that I am in good general health, and capable of performing normal activities on this expedition. I further attest that I am capable of caring for myself during the expedition, and that I will not impede the progress of the expedition or the enjoyment of others aboard. I understand that this expedition will take me far from the nearest medical facility and that all expedition members must be self-sufficient. With that understanding, I certify that I have not been recently treated for, nor am I aware of, any physical or other condition or disability that would create a hazard to myself or other members of the expedition.

Name _____ Date _____

Signature _____ Expedition Code _____

Part II: Medical Information

Blood type _____ Height _____ Weight _____

Evaluate your general health:

☐ Fair

☐ Good

☐ Excellent

Evaluate your physical condition/stamina:

☐ Fair

☐ Good

☐ Excellent

1. Do you have any medical illnesses, disabilities or infirmities that have required the regular care of a doctor?



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2. List all medications that you are taking at this time and the dosages.

3. Have you been hospitalized or had surgery in the last five years? If so, when and what for?

4. Do you have any heart or respiratory problems? Are you a diabetic? Please elaborate.

5. Do you have any dietary restrictions?

6. Do you have any food or drug allergies? If so, what are they?

7. Do you have any physical or mental limitations, handicaps or prosthesis?

8. Are you pregnant? How many months are you?



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Part III: Insurance Information

Have you taken out medical insurance?

☐ Yes ☐ No

Please write down your insurance Company Name

Please write down your Insurance Policy Number

Please write down your insurance's emergency contact phone number.
