



# SIM EXPEDITIONS

Cape Horn • Tierra del Fuego • Antarctica

## Expedition Medical Form (Four-page Document)

### 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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**Part III: Insurance Information**

Have you taken out medical insurance?

Yes       No

Please write down your insurance Company Name

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Please write down your Insurance Policy Number

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

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