

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 79 years this certificate is also necessary before booking 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 <input type="checkbox"/> No <input type="checkbox"/> For remarks if Yes: _____ |
| B) Is this passenger infirm by reason of age or illness? | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| C) Has the passenger had a previous history of: | |
| 1. Dizziness, fainting or unconscious spells? | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 2. Nervous or mental disorder? | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 3. Tuberculosis or any chest or lung disease? | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 4. Disorder of heart or blood pressure? | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 5. Numbness, weakness or swelling of lower extremities? | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 6. Diabetes? (<i>Diet cooking is not possible on board of cargo vessels</i>) | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 7. Stomach ulcers, duodenal ulcer or peptic ulcer? | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 8. Gall bladder or kidney disorders? | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 9. Impaired vision or hearing or movements? | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 10. Need for use of cane, crutches, wheelchair? (Persons who need a cane, crutches, wheelchair, artificial limbs or the assistance of any other person to move about cannot be accepted for passage. Passengers must be able to walk and care for themselves unaided.) | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 10a. Has the passenger joint replacements? (hip/knee)? (Persons with joint replacements may experience pain due to vibrations on freighters that can considerably affect the mobility. In serious cases subject passengers may have to be excluded from continuation of their passage.) | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 11. Is the passenger allergic? To what? | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 12. Is the passenger allergic to any medication? Which? | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 13. Is the passenger on any medication? Which? | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 14. If yes, is assistance required in taking this medication? | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |

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

This medical certificate must not be issued earlier than 30 days before sailing

Doctor's signature: _____

Place / Date: _____

Address / **stamp**: _____

Telephone number: _____

I have been this patient's doctor for _____ years.