



NAME:-----  
MAIDEN NAME:-----  
FIRST NAME:-----  
BIRTH DATE:-----  
CRUISE DEPARTURE DATE:-----

**CONFIDENTIAL MEDICAL QUESTIONNAIRE**

**This confidential form must be returned as soon as possible by email  
to: [medref.aranui@gmail.com](mailto:medref.aranui@gmail.com)**

Our constant concern is to insure your security and health. This voyage will take you to remote islands in French Polynesia, often far from hospital facilities. On board, an urgent care doctor can treat the usual ailments and ready a patient showing signs of a more severe condition for a medical evacuation if needed. He is assisted by a registered nurse.

If you wish to inform the medical staff of a condition you may have, please fill out this questionnaire so that we can provide appropriate care during this voyage. We reserve the right to refuse registering or boarding to a passenger whose health condition has been deemed too precarious by the company doctor.

- |   |     |    |
|---|-----|----|
| - Are you up to date on recommended vaccinations (tetanus in particular)? | Yes | No |
| - Do you have a condition that requires regular treatment?                | Yes | No |
| - Are you allergic to medications or foods? If yes, please specify:       | Yes | No |
| - Do you use a cane, walker or wheel chair? If yes, please specify:       | Yes | No |
| - Do you have a heart condition? If yes, please specify:                  | Yes | No |
| - Do you have a respiratory condition? If yes, please specify:            | Yes | No |
| - Do you have a neurological condition? If yes, please specify:           | Yes | No |
| - Do you have an endocrine condition? If yes, please specify:             | Yes | No |
| - Have you recently had an infectious disease? If yes, which one:         | Yes | No |
| - Have you had Covid-19 in the last 6 months?                             | Yes | No |
| - Are you vaccinated for Covid-19? If yes, please provide documentation.  | Yes | No |

Please provide clearly below the names of medications you take regularly, as well as those you will bring with you for the duration of the cruise. Do not forget to bring your latest medical results if appropriate.

Please indicate clearly the name, telephone number and email address of your treating physician in case we need to contact him/her:

**Signature:**