

HEALTH STATEMENT

The OOSTERSCHELDE is registered as a sail training vessel. This means that every guest (trainee) on board will be encouraged to help the permanent crew to sail the ship. The trainee will join the watch system, will be handling lines, set sails, climb the rigging (on a voluntary base) or assist with daily maintenance. The shipping company makes every effort to ensure the safety of every person on board, but all guests are expected to assume responsibility for their own safety as well. Insufficient mental or physical health may create undue risks, not only to the trainee, but also to other people on the ship. On board there are crew members with a medical training, there is an emergency kit with medicines and wound dressings, but it is important to realize that extensive medical care is not available. And when undertaking a long ocean voyage, transport to the mainland is often impossible or may take days or even weeks.

This statement is to be completed by you and signed by your general practitioner (family doctor)

Name:

Date of Birth:

From – to:

Number of days on board:

REMARKS

- I confirm that my state of health is sufficiently good to undertake a sea voyage as described above, on a sailing vessel. YES/NO
- I am in good health and able to travel on a sailing & rolling ship. YES/NO
- I can climb two stairs without pausing. YES/NO
- I can climb a rope ladder. YES/NO
- I can climb into an upper bunk of a bunk bed without help. YES/NO
- I do not have issues with keeping my balance, even on a rolling ship. YES/NO
- Are you allergic? To what? YES/NO
- I know what to do when I have an allergic reaction. YES/NO
- I have provided the shipping company a complete list with the medication that I use. YES/NO
- If I am not able to take or to keep down my medication for one or more days due to seasickness, this will cause no major health risk. YES/NO
- I know what to do in case I am seasick for one or more days. YES/NO

I confirm that the statement above is correct and complete to the best of my knowledge. I agree to immediately advise OOSTERSCHELDE of any change in the status of my health condition prior to boarding.

Trainees signature.....

Place/Date.....

Doctors signature.....

Place/Date

Address / stamp

Telephone-Nr.