

Medical Requirements – Cover Letter

Dear expedition member and doctor,

There are three medical requirements we need you to complete before your place on the expedition is confirmed :

1. Expedition Member Medical Questionnaire
 - i. 26 questions for the expedition member
2. Medical Examination – Doctor Notes
 - i. Doctors should provide documentation of the tests we have requested as well as completing and signing the form. (1 page)
3. Medical information release consent

Clients / Patients must read and sign this form to give your doctor permission to release your medical information to the organisers of your journey to Antarctica with Unique Frontiers on either of the vessels Aleksey Maryshev or Professor Multanovskiy.

Please note that although some of the questions may appear very detailed, we do need to ask them in order to minimise the risk of a medical problem while you are on board on our journey to Antarctica.

An affirmative answer to any of the questions will not necessarily prohibit you from joining the expedition, however, it is in your interest to provide us with an accurate and up to date profile in order that we can (1) use any relevant medical information in the risk management plan for the voyage (to minimise the risk of a medical emergency) and (2) to expedite any first aid or medical treatment that may be required by you.

After the voyage we will return your medical records to you.

If we need to discuss any of your answers we will contact you direct.

If you have any questions, please feel free to call us on the below details. We may be discussing any particular patient problems with our consulting doctor.

Deadline for the return of the “Questionnaire”, “Doctor’s Form” and “Medical Release” is 3 months prior to the commencing date of your trip. Please post all the test results and the forms in one envelope to the address below.

Thankyou

Peter Bland

NAME:
 ADDRESS:.....
 EMAIL:

PLEASE ANSWER THE FOLLOWING QUESTIONS	NO	YES
Have you ever had epilepsy or fits?		
Do you have diabetes?		
Do you have hypertension (high blood pressure)?		
Have you ever had a heart attack (myocardial infarct)?		
Do you ever get angina (heart pains in the chest)?		
Have you ever had a stroke?		
Do you suffer from asthma or emphysema?		
Have you ever had a deep vein thrombosis (blood clot in the deep calf muscles)?		
Have you ever had a pulmonary embolus (blood clot in the lungs)?		
Have you ever had congenital heart disease (hole in the heart)?		
Do you ever get intermittent claudication (pain in the calves when walking)?		
Have you ever had an irregular heart beat (palpitations)?		
Have you ever had a peptic ulcer (stomach or duodenal ulcer)?		
Have you ever had rheumatic fever?		
Have you ever had kidney disease or a kidney stone?		
Have you ever had hepatitis, jaundice or other liver disease?		
Are you allergic to any medications?		
Are you up to date with your tetanus immunisation (booster in the last 5 years)?		
Do you smoke?		
Do you drink more than 3 standard alcohol beverages per day?		
Do you suffer from any nervous or anxiety related conditions?		
Do you get short of breath easily?		
Have you had haemophilia or any other disease of the blood?		
Have you had cancer?		
Have you ever had tuberculosis?		
Have you ever had any serious infections (such as HIV/Aids, Typhoid, SARS etc)		
Do you get back aches?		
Do you suffer from sea sickness?		
Have you had any surgery (operations)?		
Has your doctor ever recommended that you don't travel for health reasons?		

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE GIVE DETAILS IN THE SPACE PROVIDED.

PLEASE GIVE DETAILS OF

The conditions or injuries mentioned above (including the treatment you have had)

1.
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2.
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3.
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4.
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5.
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6.
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PLEASE GIVE DETAILS OF

any complaint, illness or injury not mentioned above OR ANY circumstances regarding your health that may interfere with your ability to sail on your chosen voyage.

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PLEASE LIST ALL MEDICATIONS YOU TAKE on a regular basis & please bring enough for the length of the voyage. If you wear glasses please BRING them with you.

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MEDICAL EXAMINATION – For Your Doctor

Dear Doctor,

The person giving you this brief, is a provisional expedition member of a forthcoming expedition to Antarctica with Unique Frontiers P/L. They will be travelling on either of our chartered vessels Aleksey Maryshev or Professor Multanovskiy both approximately 210ft long, 48 ft wide ice strengthened research vessels.

Activities offered on the journey include shore side walking observing wildlife, basic ice climbing techniques, camping, kayaking, snow shoeing, horse riding and other activities. Participating in any or all of the activities is purely optional for expedition team members.

Please carry out a medical examination of

of.....[address],

who has filled out this questionnaire for you to view, in an effort to help you with the medical examination. Please make notes where appropriate and give the questionnaire back to your patient who will return it to us.

At the completion of the medical, please sign the statement below and give it to your patient to return to us, with any medical information that you deem necessary.

Expedition medical documentation will be kept on file at the organiser's office and copies of relevant materials will also be kept on file by the skipper and ships doctor during the voyage in order that appropriate first aid and/or medical care is given if the need arises during an emergency.

Expedition Members medical documentation will be treated as confidential and only those parties who need to access the documents will be given access for the purposes of our risk minimisation strategy and / or for emergency first aid or medical treatment. The records can be returned to the client/patient after the voyage, if requested.

To be filled out by the examining Doctor:

I, Dr.....of.....

have carried out a medical examination of

and in my opinion,

HE / SHE* IS / IS NOT* [delete as appropriate]

medically fit to undertake a sailing adventure on either of the chartered vessels Aleksey Maryshev or Professor Multanovskiy to Antarctica in the summer of 2007/2008.

Doctor's Signature:

Date:

Medical information release.

In case I should require emergency medical assistance whilst travelling with Unique Frontiers PL, I undersigned give permission for my medical practitioners to release medical information that be of assistance to my health to Unique Frontiers P/L and those that might be caring for me at this time.

Signed _____

Date ____ \ ____ \ ____