



BRIGANTINE SØREN LARSEN

MEDICAL & FITNESS QUESTIONNAIRE

<u>SURNAME:</u>	
Christian names:	
Preferred name/ nickname:	

<u>Voyage No:</u>	From :	To:	
Age :	Height:	Weight:	Sex:

<u>Next of Kin:</u>	Relationship:
Address:	Phone::

<u>Passport Details:</u>					
Nationality	Number	Date of Issue:	Place of Issue:	Date expiry:	D.O.B

1.	Have you ever had epilepsy?	
2.	Do you ever faint or have blackout spells?	
3.	Do you have diabetes and for how long? What medication are you on?	
4.	Are you pregnant? At what stage?	
5.	Have you ever had a major operation?	
6.	Are you presently being treated by a doctor?	
7.	Are you taking any regular medication? Please state what for?	
8.	Do you have high blood pressure?	
9.	Have you had angina or a heart attack?	
10.	Do you have any back or joint problems?	
11.	Do you have any limiting physical handicap?	
12.	Anything else that we should know about that could affect your level of participation on the voyage? <i>Mental illness or depression, past or present, must be included</i>	
13.	Do you undertake any regular exercise?	
14.	Do you envisage you will be able to help set sails or climb the rigging <i>(not compulsory)</i> ?	
15.	Any dietary requirements? E.g. vegetarian?	
16.	Are you allergic or have any known reaction to any foods or medication (e.g. Penicillin)?	

If you are 70 years or over, it is a requirement that you also provide a letter from your doctor confirming your fitness to participate in this sailing voyage aboard Søren Larsen.

The answers I have given are true to my knowledge & I accept the Terms and Conditions set out in booking form

SIGNED :

DATE :