

For JST Office Use			Dr. Initials
AB		PD1	Buddy
>70		PD2	Voyage
W/C		PD3	Maintenance
W/W*		PD4	Date

Confidential Medical Form



We are delighted that you have applied to come on one of our adventure sailing holidays. We see from your application form that you have a current medical condition/disability or have had a significant medical condition or illness in the past. In order to make sure you receive the right level of assistance (if necessary) whilst on board and so that we can be prepared for any medical situation that may arise, you are required to complete this medical form. Our medical officer may contact you by phone or return the form to you if we need further information. Failure to provide full medical disclosure, including any additional information relevant to your condition and not specifically requested on this form but pertinent to your normal care, could result in you (and your buddy) being refused passage on the ship when you arrive on board. It is important therefore that the information you give is as full and accurate as possible.

We endeavour to accommodate any form of physical or sensory disability. Whilst we do not wish to exclude anyone from sailing with us, our experience has shown that the adventurous environment we provide on board our ships is not suited to people with mental health problems or high level learning disabilities. Where we can we will try to provide information on organisations that may be able to provide more suitable experiences.

In order to comply with health and safety regulations we have to request that all wheelchair users and those with limited walking ability must weigh less than 16 stone (and preferably less than 14 stone). This is for your safety and that of the crew, who may need to assist you in the event of rough weather or in an emergency situation. The weight declared on the form must be accurate and not approximated. On boarding the ship, anyone found to be over the weight limit will regrettably refused passage. In the event of any cancellation as a result of information incorrectly supplied or omitted, the JST will bear no financial responsibility. It is important therefore that you obtain travel insurance as soon as you have booked and been accepted for your voyage. Likewise, please do not make any arrangements for onward travel until you have received confirmation that your medical form has been passed and you have been accepted for your chosen voyage.

If you are unable to fill out the form yourself please ask the person who completes it for you to explain, in writing, the reason why they have undertaken it on your behalf.

Both Lord Nelson and Tenacious carry a comprehensive range of medicines and medical equipment but they are not hospital ships. You will need to bring an adequate supply of all your medicines with you, as well as a list of your medication (a prescription receipt would be ideal). We suggest you pack these in your hand baggage if you are flying to join the ship, in the event that your luggage is delayed in transit.

This form is designed to help our medical professionals on the ship to deal with any issues that may arise on board. It is NOT designed as a tool for excluding anyone from sailing with us. We endeavour to enable as many people to sail as possible. Please complete it as accurately as possible to help us.

Full name:		Telephone No:	
Preferred Name:		Date of birth:	
Address:			

Weight:	*Restriction applies	Height:	
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Voyage applied for?	
Have you sailed with us before:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please give details:	

BUDDY INFORMATION

Please tell us the name of your buddy. If you have significant care needs, including communication, we recommend that you sail with someone who knows you well. Where personal care is required you **must** sail with your own buddy. (Please contact us for advice on funding assistance, if required)

Buddy Name:		Buddy DoB	
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Note: Anyone over the age of 70 or with diabetes may not be able to buddy.

YOUR MEDICAL INFORMATION

1. Please describe any current medical condition/disability, or any significant past medical history, e.g. cancer or any surgery. Please include the cause and how long you have had the problem.

Current:

Past:

2. How does it affect you? *Supply as much details as possible.*

3. Have you been admitted to hospital in the last 5 years? Yes No

4. If yes, please tell us the reason for admission, when it was and detail the treatment you required.

5. Please list your regular medication here, including the dose and how often you need to take them. *Use a separate sheet for listing medication if required, or supply repeat prescription form.*

6. Do you have any food, medicine or other allergies? Yes No

7. Do you require a special diet? Include foods you cannot eat for whatever reason.

8. Do you have any sight problems? Yes No *If yes, please tell us what they are.*

9. Do you have any hearing problems? Yes No *If yes, please tell us what they are.*

10. Do you have any speech/communication problems? Yes No *If yes, please tell us what they are.*

MOBILITY

11. Do you have ANY problems walking? Yes No If you normally use aids to help you walk please tell us what they are.

12. Do you use a wheelchair?* Never Occasionally All the Time

*** Please note: Electric wheelchairs cannot be used on board our ships.**

13. Are you able to propel yourself: On a flat surface: Yes <input type="checkbox"/> No <input type="checkbox"/> Up a slope: Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Can you control your wheelchair down slopes? Yes <input type="checkbox"/> No <input type="checkbox"/>
TRANSFERRING
15. Do you ever use ANY aids to help you transfer? (Please specify, e.g. grab rails, sliding board, hoist etc.) Please describe how you normally transfer.
16. Do you find it easier to transfer from one particular side? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify which is your stronger side: Left side <input type="checkbox"/> Right side <input type="checkbox"/>
BALANCE
17. Do you ever have problems with your balance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please describe
18. In what sort of circumstances does this happen?
19. Are you able to walk on uneven surfaces? Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Are you able to climb short, steep stairs or ladders? Yes <input type="checkbox"/> No <input type="checkbox"/>
STRENGTH
21. Do you have difficulty using your hands or arms? Yes <input type="checkbox"/> No <input type="checkbox"/>
22. Do you have any weakness of grip? Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Do you have any difficulty using your legs? Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Do you have any back/spinal problems? Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Have you ever had a serious head injury? Yes <input type="checkbox"/> No <input type="checkbox"/> If so when?
26. Have you ever or do you now suffer from fits/seizures or panic attacks? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please tell us how often, how severe, when the last one was and whether you require hospitalization afterwards? There may be restrictions in climbing aloft if you suffer from epilepsy.
27. If you take medication for epilepsy / seizures, is it stabilised? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If you answer yes, at the time of completing this form and this situation changes prior to your voyage, you must let us know.</i>
28. Do you have any active pressure sores? Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: You are unable to sail with active pressure sores
29. Do you have any other open wounds such as leg ulcers? Yes <input type="checkbox"/> No <input type="checkbox"/>
30. Do you normally use any pressure relieving equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes tell us what you use

PERSONAL CARE**Please tick box and supply any additional information****31. Do you need help with any of the following? If so what help do you need?**

Eating?

Yes No

Additional info:

32. Washing/ShoweringYes No

Additional info:

33. DressingYes No

Additional info:

34. Using the toiletYes No

Additional info:

35. Do you have any continence problems?Yes No

Additional info:

How do you manage these?

36. Do you have or have you ever had, mental health problems which have required treatment?Yes No If yes, please tell us when this was and the treatment you received:**37. Do you have a learning disability? Yes No If yes, please tell us what this is and how it affects you:***(Some people with mild learning disabilities may be accepted but must be assessed on board one of our vessels by our medical purser and ships officer). For our purposes we do not class Dyslexia as a learning disability.***38. Do you have a heart pacemaker or any other implanted medical device? Yes No**

If yes, please give details:

YOUR GP's DETAILS**Name:** **Telephone No:** **Address:**

Occasionally the medical officer may seek permission to speak to your GP for clarification of your condition. Please sign below to confirm your acceptance of this.

Signature: *If completing electronically, printing your name here is deemed your signature.* **Date**

If you have completed this form on behalf of someone else state the reason for this: -

IF THERE IS A CHANGE IN YOUR MEDICAL CONDITION THAT OCCURS AFTER YOU HAVE SUBMITTED THIS FORM TO US, THEN YOU MUST LET US KNOW AS SOON AS POSSIBLE. FAILURE TO DO SO COULD RESULT IN YOU BEING REFUSED ON BOARD THE SHIP.***Please be aware that the information supplied by you on this form will be used only to assess your suitability to sail on your chosen voyage or for maintenance. The information will be available to our medical personnel in the office and on board the ship and will be processed by our booking team. Confidentiality within this team is maintained at all times and our staff are CRB checked.***