

## REQUIRED HEALTH STATEMENT — Antarctica Explorer Cruising

### 健康證明 ( 必填 ) — 南極洲探險巡遊

Dear guests

尊敬的旅客

This expedition is intended for persons in reasonably good health. Passengers, who are not fit for long trips for any reason, including disability, heart or other health condition, are advised not to join the tour, which would entail an unreasonable risk to your health and to the enjoyment of all passengers aboard. Should any such condition become apparent, we reserve the right to decline to accept or retain you or any other passenger at any time during the trip.

隨著南極洲探險之旅的日益臨近，我們希望您能夠理解：南極洲的醫療條件是非常有限的。雖然我們的船員中有非常優秀的醫生和護士，遊輪上的醫務室也配備有基本的醫藥和醫療設備；我們仍然希望您在參加探險之旅時擁有一個良好的健康狀態。

As part of Hurtigruten's obligation for self-sufficiency under the terms of the Antarctic Treaty System, you are required to attest to your good health and ability to participate in an Antarctic voyage. Passengers not fit for long trips for any reason, including disability, heart or other health conditions, are asked to consult with their personal physician about the advisability of joining these expeditions. To do otherwise would entail unreasonable risk to your health and to the enjoyment of all passengers aboard.

根據南極條約體系 ( the Antarctic Treaty System ) 中的相關條款，海達路德遊輪公司有義務要求您出具相關資料，用以說明您良好的健康狀況以及證明您能夠參加南極洲航程。對於殘疾、患有心臟病或因其他健康原因不適合參加長途旅行的旅客，我們建議您向您的私人醫生進行諮詢。否則，行程中您可能要承擔健康風險，並對其他旅客造成影響。

If you are taking medications regularly, you are advised to carry a full supply with you since these may not be available on board or in South America. In addition, Hurtigruten strongly urges that you purchase medical insurance that covers you during your travels. In case you suffer a medical emergency in Antarctica, your medical evacuation, if necessary and if available, is extremely expensive, therefore every passenger should carry insurance that will cover him for this cost.

如果您有常用藥物，建議您最好隨身攜帶足夠的藥量，以避免在遊輪上或在南美地區無法滿足您的醫藥需求。此外，海達路德還強烈建議您購買在航行期間全程有效的醫療保險。如果您身處南極洲需要醫療救急時，即使當地的醫療條件能夠提供相應服務，費用也是相當昂貴的；因此旅客必須具有有效的醫療保險以便能夠支付相關費用。

Additionally, all passengers should have available their Medical Insurance Company name,

Company' s emergency telephone number and policy number.

此外，所有旅客都必須提供真實有效的其所投保的醫療保險公司的名稱、緊急聯繫電話和保單號碼。

**Please complete the forms below, within 3 months prior to departure and bring them on board the ship. The form has to be delivered personally to the ship' s doctor right after check-in. Boarding will be denied if these forms are not presented at time of embarkation.**

請於出發前三個月內完整地填寫以下表單，並在登船時隨身攜帶。表單需在辦理完登記手續後由您親自交給駐船醫生。如在登船時您不能提供此表單，您將被拒絕登船。

Note that all information contained in the Medical Forms is intended as a medical reference for the on board Doctor and will be retained by him throughout the duration of the voyage.

請注意：醫藥表單中的信息將作為駐船醫生的工作依據，並由醫生全程保管。

Thank you for your cooperation.

感谢您的合作！

## **GENERAL INSURANCE INFORMATION — Antarctic Explorer Cruising**

### **基本保險信息-南極洲探險巡遊**

All travelers must complete every section of this form.

所有旅客必須完整填寫此表中的所有部分。

This expedition is intended for persons in reasonably good health. Passengers, who are not fit for long trips for any reason, including disability, heart or other health condition, are advised not to join the tour, which would entail an unreasonable risk to your health and to the enjoyment of all passengers aboard. Should any such condition become apparent, we reserve the right to decline to accept or retain you or any other passenger at any time during the trip.

探險之旅只適合健康狀況良好的旅客。對於有身體殘疾、心臟病或其它健康原因而不適合參加長途旅行的旅客，我們建議您不參加此航程；因為可能會損害您的健康並對其他旅客造成影響。一旦我們發現有旅客存在上述風險，我們有權拒絕其登船或中途終止其行程。

Please return this completed form with registration. This is part of our obligation for self-sufficiency under the terms of the Antarctic Treaty System. In addition, you are advised to carry your own regular medications, which may not be available aboard. Passengers are further advised that medical evacuation, if available, is expensive and that we strongly recommend that you have a travel protection plan/travel insurance that will reimburse you for this cost.

請將填寫後的表單在登記註冊時交給我們。這是海達路德根據南極條約體系中相關條款所承擔的責任。此外，我們建議帶足您的常用藥品，以防船上沒有您所需的藥物。南極地區醫療條件有限，即使能夠滿足您的醫療需求，費用也非常昂貴，我們建議您購買旅遊保障計劃或旅行保險，以便協助您支付相關費用。

Have you taken out a travel protection plan / travel insurance?

您購買了旅遊保障計劃或者旅行保險嗎？

( ) Yes是 ( ) No否

Name of company公司名稱 \_\_\_\_\_

Name of company公司緊急聯繫電話 \_\_\_\_\_

Policy number保單號碼 \_\_\_\_\_

**In declining the purchase of Travel Protection Plan, I will not hold Hurtigruten Group ASA responsible for any additional expenses/ losses incurred resulting from my cancellation of this trip, accident, sickness, medical evacuation, lost or damaged baggage that would have been covered by the insurance protection offered.**

**如果我拒絕購買旅遊保障計劃 那麼海達路德集團 ASA 將不負責支付我因如下原因而取消行程時產生的任何附加費用或損失賠償，包括旅遊保險中所規定的事故、疾病、醫療救助和行李丟失或損壞。**

## MEDICAL INFORMATION

### 醫療信息

Passenger Name旅客姓名\_\_\_\_\_

Date of Birth出生日期Month月\_\_\_\_Day日\_\_\_\_Year年\_\_\_\_\_

Height身高\_\_\_\_\_Weight體重\_\_\_\_\_

Evaluate your general health請對您的健康狀況做出評價：

( ) Fair一般 ( ) Good良好 ( ) Excellent優秀

Evaluate your physical conditions/stamina請對您的體質/體能做出評價：

( ) Fair一般 ( ) Good良好 ( ) Excellent優秀

Name any medical condition that requires regular doctor care. Please list medications and dosages of all doctor prescribed products:

請提供需要醫生定期檢查的疾病信息。請根據醫囑提供您的藥品及藥量信息：

Please check off any of the following that apply to you:

如果您有以下任何症狀，請如實填寫相關信息：

Diabetic糖尿病患者( ) \_\_\_ Year of diagnosis? 年病史? Are you on insulin? 是否使用胰島素?

Y是\_\_\_ N否 \_\_\_

Type of insuline and dose: 胰島素的類型和劑量：

Heart condition心臟類疾病( ) \_\_\_ Year of diagnosis?年病史? Describe the condition: 病情描述：

Respiratory Condition呼吸系統疾病 ( ) \_\_\_ Year of diagnosis?年病史?

Do you require oxygen therapy on a regular basis? 是否需要定期的吸氧治療? Y 是\_\_\_ N否 \_\_\_

Describe the condition:病情描述：

Pregnancy 懷孕( )

If checked, how many months? 如果您已懷孕，請告訴我們您已懷孕\_\_\_個月。

Do you have any mobility issue that would prevent you from climbing in and out of a Rubber inflatable boat (RIB), i.e. "Zodiac" or a rigid hull landing craft i.e. Polar Circle Boat?

您是否有任何身體原因使您不能自如的登上或登下救生艇? 例如橡皮艇 (RIB) Zodiac號或硬式登陸艇

Polar Circle。 Y是\_\_\_ N否 \_\_\_

If you replied YES to the previous question, please check the following:

如果您選擇'是'，請在以下選項中給出說明：

Wheelchair輪椅 ( ) Prosthetic Lim假肢( ) Cane拐杖 ( ) Walker助行器( )

List all surgeries in the last five years: 請給出過去五年裡您所接受過的外科手術病史：

List reasons for hospitalization other than surgeries in the last five years:

請給出過去五年裡除了外科手術您住院的原因：

Drug Allergies藥物過敏( ) If checked, please list medications you are allergic to:

如果選中此項，請給出會引起您過敏的藥物清單：

Do you have any dietary restrictions? 飲食禁忌( )

If yes, what are they? 如果您對飲食有特殊要求，請說明：

Emergency Contact Person緊急聯繫人 \_\_\_\_\_

Relationship與您的關係 \_\_\_\_\_

Phone Number電話 \_\_\_\_\_

Address 地址 \_\_\_\_\_

### Medical Advisors Opinion

Please give this form along with your itinerary to your personal physician.

#### 醫師建議

請將此表和您的行程計劃一同交給您的私人醫生。

Dear Doctor

尊敬的醫生

Our traveler is planning an expedition cruise to the Antarctic where sophisticated medical facilities are unavailable. Each vessel carries a physician and a small infirmary. While not strenuous, travelers who participate on excursions must negotiate a steep gangway, get in and out of landing boats with assistance and be capable of walking a short distance over uneven and slippery terrain ashore. Please feel free to contact us if you have any questions.

我們的旅客正計劃參加前往南極洲的遊輪旅遊項目。鑑於南極地區有限的醫療條件，雖然我們的每艘遊輪都配有醫務人員和醫務室，巡遊項目中也沒有安排劇烈運動；但我們仍需確保所有參加南極探險的旅客都具有良好的健康狀況，能夠跨越陡峭的舷梯、能夠在他人協助下登上或跳下登陸艇、以及能夠在南極大路崎嶇濕滑的地面上進行短途遠足活動。如果您對此持有任何疑問，歡迎您隨時與我們聯繫。

We would like to be sure that each of our passengers are in adequate medical condition for the voyage and that our shipboard physician is fully alerted to any

potential health problems. We would appreciate your evaluation of:

我們希望確認每一位旅客都具有能夠完成整個航程的身體條件。我們的駐船醫生也會隨時關注每位旅客的身體狀況。如果您能協助我們對旅客的健康狀況做出評價，我們會不勝感激：

Name 姓名\_\_\_\_\_

Date of Birth 出生日期\_\_\_\_\_

Height 身高\_\_\_\_\_ Weight 體重\_\_\_\_\_

His/Her overall physical condition: 他/她的體質狀況：

His/Her ability to participate in this expedition and excursions:

他/她是否能夠參加此次探險之旅/短途旅行：

Please elaborate on any medical conditions that you feel our shipboard physician should be aware of:

請詳細列出您認為我們的船醫需要特別注意的旅客病史：

This evaluation pertains to the date in which it is made and to all the pre existing and current medical condition of the passenger. It does not indicate nor imply on medical condition that might occur after the evaluation is made.

這份評價是針對旅客之前、最近以及填寫當天的身體狀況而言，不代表對旅客健康狀況的預測。

Thank you for your help. 感谢您的協助。

Doctor' s Name(Please print)醫生姓名（請用大寫）：\_\_\_\_\_

Date日期：\_\_\_\_\_

Doctor' s Signature醫生簽字：\_\_\_\_\_

Telephone電話：\_\_\_\_\_

City城市：\_\_\_\_\_

State省 · Country國家：\_\_\_\_\_

Fax number 傳真：\_\_\_\_\_