



INSPIRATION: SAILING CREW MEDICAL SCREENING QUESTIONNAIRE

Please remember offshore sailing can be a strenuous activity and you will be a long way (many days) from medical help. Please use this form to tell us if there is an ongoing health concern and/or medical history we should discuss beforehand.

Please complete this form fully and openly, as any omission may affect our ability to care for you in the event of a medical emergency. The contents of this form are confidential, and will only be disclosed to third parties with your consent, unless in emergency circumstances to expedite your care.

The Skipper cannot be held responsible for medical matters that pre-exist the voyage, and are not disclosed on this questionnaire. Please record details of any medical conditions from which you suffer.

Specifically, have you ever suffered from:

High blood pressure (Yes / No)	
Heart attacks (myocardial infarctions/coronaries) Yes / No	
Angina Yes / No	
Strokes (cerebral vascular accidents) Yes / No	
Jaundice Yes / No	
Tuberculosis Yes / No	
Rheumatic fever Yes / No	
Diabetes Yes / No	
Epilepsy Yes / No	
Asthma Yes / No	
Depression / other mental illness Yes / No	
Blood infections (such as hepatitis A, B or C, HIV or AIDS) Yes / No	
Chronic back pain Yes / No	
Kidney stones Yes / No	
OTHER (please specify):	

I fully understand that the vessel has limited medical facilities and that in the event of illness or injury, appropriate care must be summoned by radio and treatment will be delayed until i can be transported to a proper medical facility. I AGREE IN ADVANCE TO THESE CONDITIONS.

I UNDERSTAND THAT I HAVE DUTY TO EXERCISE REASONABLE CARE FOR MY OWN SAFETY AND I AGREE TO DO SO.

Date of signature:

Signature:

Address:

Print name:

Phone number:

CONFIDENTIAL