



## **CONFIDENTIAL - MEDICAL INFORMATION FORM**

Your health and safety is of great importance to us while you travel to Antarctica. As you prepare for your upcoming voyage, please keep in mind that conventional medical facilities are mostly inaccessible from Antarctica. Although the ship is outfitted with an infirmary and a qualified physician, we ask that you take the time to complete this confidential medical report so that our ship-board physician may be prepared to offer medical assistance, should the need arise while on board. Also, think carefully about your potential medical needs.

Under the governing rules of the International Association of Antarctica Tour Operators (IAATO), this form must be kept on file for all passengers as part of our obligation for self-sufficiency under the terms of the Antarctic Treaty System.

You are encouraged to carry an additional supply of any regular medications you are currently taking, as they may not be available on board the vessel. It is a requirement that all passengers have adequate medical insurance that will provide coverage in the event of a medical emergency, including medical evacuation and repatriation.

**PLEASE PRINT BOTH SECTIONS I & II AND BRING WITH YOU TO USHUAIA.  
Please fax a copy to: +1-530-587-2144 or scan and email to [expeditions@2041.com](mailto:expeditions@2041.com).**

**2041  
11045 DONNER PASS RD. SUITE 2D  
TRUCKEE, CA USA  
96161**

### **Vaccination recommendations**

There are no recent records to our knowledge of typhoid or yellow fever in and around Buenos Aires and Ushuaia, and there are currently no official vaccination requirements when visiting Argentina.

Please note that it is your responsibility to research what vaccines your originating country requires, or you feel you need, through which medical professional you want to use, and to have the vaccinations if you feel you need to. It is of common opinion to update your tetanus shot as a precautionary measure.

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#### **MAILING ADDRESSES:**

Antarctica "2041" LTD, c/o 2040 LLC, 11045 Donner Pass Road Suite 2D, Truckee, California USA 96161  
Antarctica "2041" LTD, c/o of Equity Trust (BVI) Ltd., Palm Grove House, Road Town, Tortola British Virgin Islands

#### **CONTACT INFORMATION:**

Phone: +1.530.587.2041

Fax: +1.530.587.2144

Web: [www.2041.com](http://www.2041.com)

Email: [expeditions@2041.com](mailto:expeditions@2041.com)

Please provide the following information and return the completed form to the address above no later than 90 days before your scheduled departure. Once again, this information is essential and will be kept in strict confidence.

**Part I: Statement of Good Health**

I confirm that I am in good general health and capable of performing normal excursion activities which may require moderate exertion. I am aware that I must have a high degree of self-sufficiency. I understand that this Antarctic expedition will take me far from the nearest hospital or fully equipped medical facility and I must be in good health. With that understanding, I certify that to the best of my knowledge I am physically capable of participating in the programs as described in the '2041' current brochure and literature.

Name: (Print) \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Voyage Departure Date: \_\_\_\_\_

**SECTION 1** *(To be completed by applicant):*

The information on this page will be used to assess your fitness to undertake your chosen program/expedition. It will be treated in confidence. If you have difficulty with any of the medical questions below, please ask your doctor for assistance.

| Mr/Mrs/Ms/Miss | First Name | Surname |
|----------------|------------|---------|
|                |            |         |

| Date of Birth<br>(dd/mm/yy) | Weight |      | Height |      |
|-----------------------------|--------|------|--------|------|
|                             | lbs.   | kgs. | ft in. | cms. |
|                             |        |      |        |      |

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1. Do you have any medical related illnesses, disabilities or infirmities that have required the regular care of a physician over the past 12 months? Please describe in general terms.

.....  
.....

2. What medications do you take at present? Please list them all carefully and include dose and frequency taken.

.....  
.....

3. What illnesses/medical conditions have you had in the past 5 years?

.....  
.....

4. Have you been hospitalized in the last 5 years? If so for what reason?

.....  
.....

5. Do you have any heart or respiratory problems?

.....

6. Are you a diabetic? If so, please list current medication dosage and frequency.

.....

7. Do you have any dietary restrictions, food or drug allergies? If so, what are they and please give effects?

.....  
.....

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8. Do you have any physical or mental limitations, disabilities or use prosthesis? Are you pregnant? If so, how many weeks pregnant at the time of trip departure? Do you have difficulty walking or use crutches, a cane or a wheelchair?

.....  
.....

9. Do you smoke? If so, how many per day.

.....

10. List all currently active immunizations including tetanus, yellow fever etc.

.....  
.....

11. Have you had a routine medical examination in the last 2 years? If so when and any negative results.

.....  
.....

12. Have you ever been refused health insurance?

.....

13. Please evaluate your health:

Fair                       Good                       Excellent

14. Please evaluate your physical fitness:

Fair                       Good                       Excellent

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Signed: .....

Date: .....

**Having completed this form, please give it to your doctor with the following 'Section Two' of this form for him or her to complete and then send a copy of your forms to our US office by scan, fax or email:**

**2041  
11045 Donner Pass Road  
Suite 2d  
Truckee, CA 96161  
USA  
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Fax+1-530-587-2144**

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**CONFIDENTIAL – MEDICAL INFORMATION FORM**  
**SECTION TWO**

**THIS SECTION MUST BE  
COMPLETED BY YOUR DOCTOR**

Dear Doctor,

*(Insert your name)* \_\_\_\_\_ is participating in a \_\_\_\_ day Expedition to Antarctica. This will entail flying to and from the city of Ushuaia in southern Argentina from the participant's country of origin, and embarking on a \_\_\_\_ day Antarctic Expedition.

During our tour of the South Shetlands and Antarctic Peninsula, participants will spend 1 night tent camping on the Antarctic Peninsula.

These notes may be useful in helping you decide the fitness and suitability of the applicant to take part in the voyage.

The vessel is self-sufficient but, for a few days at a time, will have no direct or immediate support should Casevac (Casualty Evacuation) be required in the case of medical emergency.

Weather conditions can vary considerably, from calm to full blown storms, sometimes lasting for a period of days but on this voyage, apart from crossing the Drake Passage, we are rarely far from protected anchorages, or land-based permanent accommodation.

The vessel carries a qualified physician who has onboard use of a well-stocked small surgery. The ship carries a comprehensive First Aid Kit and a Medical Kit to Marine Safety standards.

Accommodation and food are three star quality. In poor weather conditions, such as in the Drake Passage, the ship can move in an erratic and uncomfortable way, increasing the possibility of crew members receiving minor knocks and injuries. A reasonable level of physical fitness is required to cope adequately with these conditions.

Accommodation is in 2 person cabins fitted with either two single or bunk beds. Below deck accommodation spaces are heated to roughly 18° to 20°C (65° F). The outside still air temperature can vary from 15°C to –15°C (60°F -5°F), the mean being in the region of 3°C (37°F). However wind chill can, in severe cases, reduce the external temperature to the equivalent of –30°C (-22°F).

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**Food**

International cuisine with fresh food is supplied in Ushuaia before the voyage and onboard the ship. On land the team will have excellent survival type rations that can supply up to 2 hot meals per day per person.

**Water**

Water is fresh and abundant, produced by onboard water-makers while on the ship.

**Beverages**

Soft drinks and a range of alcohol are available at the bar while onboard, but apart from abundant fresh water, there will be limited beverages available onshore, except what participants bring themselves.

**Seasickness**

Seasickness is a common complaint, sometimes lasting for 24 or 48 hours during the ship's crossing of the Drake Passage. Adverse weather conditions can easily last for 2-4 days in these waters. Once in Antarctica, these voyages occur mainly around protected waters and so we do not envision seasickness being a major problem. There will be more information in the Manual including recommended remedies.

**Activity**

During the voyage several shore visits will be made to the Antarctic mainland and/or islands. These visits might involve some limited strenuous walks, sometimes in snow conditions. It is important that participants do not overestimate their physical ability to participate in such activities. All such activities are planned to be within the capability of a participant of average fitness.

**Patient's Name:**.....

- 1. Please give details below of any conditions (including treatment) which could effect this person's safety and enjoyment or require monitoring by our staff throughout this expedition:

.....  
.....

- 2. Having been made aware of the facilities, conditions and activities likely to be experienced by participants during this 2009 Antarctic Expedition, it is my opinion that

Patient's name: \_\_\_\_\_ is

Suitable.....Unsuitable.....

for this proposed voyage.

- 3. Does he/she have more than sufficient supply of all medication currently being taken for the duration of the trip? Bearing in mind once onboard the vessel we have no access to specific

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medication. Please list below. We strongly advise that participants should take double the amount required carried in separately in their luggage in case one is lost.

.....

4. For the journey to South America, has he/she been given vaccinations in accordance with current recommendations? Please list below:

.....  
 .....  
 .....  
 .....

|                           |  |
|---------------------------|--|
| Patient's Name            |  |
| Doctor's Name             |  |
| Doctor's Signature        |  |
| Date                      |  |
| Doctor's Address          |  |
| Surgery/Office Tel Number |  |
| Surgery/Office Fax Number |  |
| Doctor's Emergency Number |  |
|                           |  |

Surgery Stamp:

We thank you for your cooperation in completing these medical information forms.

For any inquires regarding this form please contact '2041' at +1-530-587-2041 or [expeditions@2041.com](mailto:expeditions@2041.com).

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