



HEALTH STATEMENT OF A TRAINEE SAILING ON BOARD BARK EUROPA

Bark EUROPA is registered as a sail training vessel and as such our guests will be mustered as voyage crew/trainee. This means that, more than on a passenger's ship, the trainee will be asked to help the permanent crew to sail the ship. The trainee will join the watch system, will be handling lines, set sails, climb the rigging and assist with maneuvers.

The shipping company Bark EUROPA makes every effort to ensure the safety of every person on board. Our trainees are expected as well to assume responsibility for their own safety. Insufficient mental or physical health may create undue risks, not only to the trainee in question, but it may also threaten the safety of other trainees and crew.

When undertaking a long ocean voyage where we are several days of sailing away from the inhabited world, it is important to realize that extensive medical care is not available. Transport to the mainland is often impossible. On board there are crew members with a medical training, and there is a small emergency room with a number of medicines and wound dressings.

This certificate is to be completed and signed by the trainee's physician, attesting to the fact that:

The trainee (full name):	Age:	Remarks:
1. Is in good health and able to travel on a sailing & rolling ship	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
2. Is this trainee infirm by reason of age or illness?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
3. Has this trainee had a previous history of:		_____
• Dizziness, fainting or unconscious spells?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
• Nervous or mental disorder and under the supervision of a psychiatrist or psychologist?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
• If yes, has the trainee been prescribed medication?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
• Tuberculosis or any chest or lung disease?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
• Disorder of heart or blood pressure?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
• Numbness, weakness or swelling of lower extremities?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
• Diabetes?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
• Stomach ulcers, duodenal ulcer or peptic ulcer?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
• Gall bladder or kidney disorders?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
• Impaired vision or hearing?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
• Difficulty with your physical mobility?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
• Has the trainee joint replacements (hip/knee)? *	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
* Persons with joint replacements may experience pain due instability on a rolling ship that can affect the mobility.		
• Is the trainee allergic? To what?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
• Is the trainee allergic to any medication? Which?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
• Is the trainee on any medication? Which?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
• If yes, is assistance required in taking this medication?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____

Further remarks: _____

Doctors signature _____
Address / stamp _____
Telephone-Nr. _____

Place/Date _____
I have been this patient's doctor for ____ years.

Statement to be signed by the trainee:

I confirm that my state of health is sufficiently good to undertake a sea voyage to remote areas on a sailing vessel. The doctor's statement above is correct and complete to the best of my knowledge. I agree to immediately advise Bark EUROPA of any change in the status of my health condition prior to boarding.

Trainee Signature _____

Place/Date _____