

PASSENGER INFORMATION

In preparation for your upcoming cruise we would like to confirm your information for the ships manifest. Please ensure that all details are accurately captured to ensure a smooth embarkation process. Please email your completed form to whalesharks@qatarairways.com.qa

Name & Surname : underage child, parent's name:	Date of birth :
QID/Passport no:	Mobile phone :
Boarding Port: Doha	
Please provide any special dietary requirements:	

Please take note of the luggage restrictions as per the Terms and Conditions of the Luxury Cruise of Qatar. Any luggage in excess of the allowed **20kg per passenger** will not be boarded to the ship.

I certify that I have answered the above questions sincerely and that I have not concealed anything.

Place and date:

Signature:

REQUIRED HEALTH STATEMENT

In preparation for your upcoming cruise , it is important that you understand that you will be visiting remote parts of the world where very limited or no medical facilities are available.

The ship requires that each guest complete this form no earlier than 90 days prior departure and return it no later than 14 days prior to departure. Exceptionally, if your reservation is last minute you must fill in this questionnaire as soon as you receive it. Please email your completed form to whalesharks@qatarairways.com.qa

Although all of Ponant's ships carries a qualified medical team with one physician and one nurse and a infirmary with basic medications and equipment, we ask that you complete and return this confidential medical report so that the shipboard physician is fully aware of your medical history and can better care for you if the need arises while on board. This is all the more relevant in the current global epidemic context.

This expedition is intended for persons in good general health. Participants who are not fit for long trips for any reason (disability, heart or other health condition) are advised not to join a voyage that

might entail an elevated risk to their health and could compromise the travel of other passengers. Consequently, we reserve the right to deny access to these cruises to any passenger considered by the ship's doctor or his own doctor as having a state of health incompatible with them.

Pregnant women beyond 3 months of pregnancy are not admitted.

Part II, Physician's Assessment, must be completed by your personal physician. We ask you to formally give permission for your GP and any specialists treating you to communicate with doctors designated by PONANT about your state of health. This is to clarify any doubts or questions regarding your health or your physical condition.

All medical information provided will be kept in the strictest confidence and will only be shared with the medical services of the cruise line and the ship's doctor (respect of medical secrecy).

Part 1 Personal statement

To be filled in by the passenger

SECTION 1 – Medical history	Yes	No
Do you have or have you ever had one of the following diseases or symptoms?		
Infectious disease, parasitic or immune system: especially as a result of the Covid 19 disease	<input type="checkbox"/>	<input type="checkbox"/>
Heart defect, myocardial infarction, high blood pressure, pulmonary embolism or any other disease of the cardiovascular system?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, hypercholesterolemia, thyroid disorder or any other disease of the endocrine system or the metabolism?	<input type="checkbox"/>	<input type="checkbox"/>
Anemia, coagulation abnormality, leukemia or any other blood disease?	<input type="checkbox"/>	<input type="checkbox"/>
Depression, anxiety disorder or any other psychiatric disease?	<input type="checkbox"/>	<input type="checkbox"/>
Cerebrovascular accident, epilepsy or any disease of the nervous system or the muscles?	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis, asthma, COPD or any other disease of the respiratory system?	<input type="checkbox"/>	<input type="checkbox"/>
Disease of the digestive system, liver or from abdomen?	<input type="checkbox"/>	<input type="checkbox"/>
Disease of kidney or any other disease of the urogenital system (kidney failure, renal colic, etc.) ?	<input type="checkbox"/>	<input type="checkbox"/>
Sciatic, arthrosis or any other disease of the bones, the articulations or auto-immune disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Benign tumour and/or malignant?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 – Surgical history	Yes	No
Have you ever been injured? or had surgery in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
In case of head trauma, please advise if there has been a coma or loss of consciousness, its duration and any side-effects:		

If you have answered YES to one of the questions of section 1 and/or 2: What disease, operation, accident is involved? When? Duration? Side-effects? Comments.

SECTION 3 : Current medical situation
Are you currently a medical treatment? list it with dosage
Are you receiving medical care? Which ones ?..... Why ?.....

SECTION 4 : Activities
What is your current occupation or previous one if retired ?..... Do you practise any sports ?..... What is your physical condition to track activities ?..... How far can you walk ?.....

SECTION 5 – Constitution	Comments
Height?	Cm (result of the measurement)
Weight?	Kg (result of weighing)

SECTION 6 – Vaccination Status	Yes	No	To fill in if yes
Are you up to date with the recommended vaccinations (tetanus, polyo, yellow fever, covid)?	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 7 – Endocrine system and metabolism	Yes	No	To fill in if yes
Are you diabetic? What type?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any dietary restrictions?			

SECTION 8 – Nervous system	Yes	No	To fill in if yes
Are there any signs of paralysis?	<input type="checkbox"/>	<input type="checkbox"/>	Which ones ?.....
Are there any other neurological disorders (tremor, sensitivity disorders, coordination disorders epilepsy)?	<input type="checkbox"/>	<input type="checkbox"/>	Which ones ?.....

SECTION 9 – Cardiovascular examination	Yes	No	To fill in if yes
Are there any signs of heart failure?	<input type="checkbox"/>	<input type="checkbox"/>	Which ones? (Dyspnea, edema, cyanosis, reflux)
Is there a rhythm disorder? AF?	<input type="checkbox"/>	<input type="checkbox"/>	Which one ?.....
Are there arterial diseases?	<input type="checkbox"/>	<input type="checkbox"/>	
Blood pressure Systolic diastolic <input type="checkbox"/> treated <input type="checkbox"/> untreated			
Pulse rate/min.....			

SECTION 10 – respiratory examination	Yes	No	To fill in if yes

Is there a chronic respiratory insufficiency?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there asthma.	<input type="checkbox"/>	<input type="checkbox"/>	
Does your patient suffer from sleep apnoea? Is he or she fitted with a device	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 11 – Digestive system	Yes	No	To fill in if yes
Are there any chronic digestive disorders?	<input type="checkbox"/>	<input type="checkbox"/>	
Is liver function disturbed?	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 12 – Urogenital system	Yes	No	Comments
Is there kidney failure?	<input type="checkbox"/>	<input type="checkbox"/>	Potential dosage:g/l
Is there a history of nephretic colic? pyelonephritis?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a risk of acute urine retention?			
Is your patient pregnant ?			How long

SECTION 13 – Psychiatry	Yes	No	To fill in if yes
Are there any behavioural disorders or signs of psychiatric illness ?	<input type="checkbox"/>	<input type="checkbox"/>	Which ones ?.....

SECTION 14 – Musculoskeletal system	Yes	No	To fill in if yes
Are there any joint disorders? prostheses?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you need canes or wheelchairs to move around?	<input type="checkbox"/>	<input type="checkbox"/>	Which ones?.....

SECTION 15 – Allergies	Yes	No	To fill in if yes
Are there any food allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any drug allergies?	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 16 – Medication	Yes	No	To complete if no
Is the list given complete?	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 17 – Evaluation	Quiet good	Good	Excellent
Assessment of their general state of health	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment of their physical condition/endurance			

I certify that I have answered the above questions sincerely and that I have not concealed anything. The personal medical data are used exclusively for the file processing, by the on-board doctor and the doctor of the medical directorate at the company headquarters. The medical council grants itself the right to refuse your boarding if risks are taken for you or other passengers.

Place and date:

Signature:
