

Transeste Schiffahrt GmbH Hamburg

Freighter Passenger Medical Certificate of Health

Please Print Responses*

This statement is required of all Transeste Schiffahrt GmbH Hamburg freighter passengers 65 years old and over. It is to be completed and signed by a medical doctor not more than 90 days prior to expected sailing date, attesting to the fact that:

(A) _____ Age _____
(Passenger Name)

is in good health and able to travel on a freighter that does not

have a doctor onboard. YES NO

(B) Is this passenger infirm by reason of age or illness ? YES NO

(C) Is this passenger on any medication ? YES NO

(D) Has this passenger had a previous history of:

1. Dizziness, fainting or unconscious spells ? YES NO

2. Nervous or mental disorder ? YES NO

3. Tuberculosis or any chest or lung disease ? YES NO

4. Disorder of heart or blood pressure ? YES NO

5. Numbness, weakness or swelling of lower extremities ? YES NO

6. Stomach ulcers, duodenal ulcer or peptic ulcer ? YES NO

7. Gall bladder or kidney disorders ? YES NO

8. Impaired vision or hearing ? YES NO

9. Need for use of cane, crutches, wheelchair ? ** YES NO

** Persons who need a cane, crutches, wheelchair or the assistance of any other person to move about cannot be accepted for passage. Passengers must be able to walk and care for themselves unaided.

If „YES“ to any questions (B), (C), (D) please explain _____

How long have you been this passengers's physician ? _____

Doctor's signature _____

Address _____

Telephone _____

Date _____

* Responses on this form must be readable or it will be returned as not accepted with reservation subject to cancellation

STATEMENT BELOW TO BE SIGNED BY PASSENGER

I acknowledge that I am aware that Transeste Schiffahrt GmbH Hamburg freighter on which I will travel does not carry a ship's doctor. The doctor's statement above is correct to the best of my knowledge. I further understand that in the event of illness, disease or injury, or for other causes, I agree to disembark from the vessel at the request of the Master at any port short of destination should my presence onboard prove detrimental to the safety and well-being of myself or to others onboard. In such event all resulting expenses shall be borne on me.

Passenger's signature _____

Date _____