

On-Board Guest Medical History Information

Should the need occur, we want to be able to responsibly act upon any medical emergency that you may have while on-board. Please complete the following and bring it with you prior to boarding *MV Sandpiper*. You will retain it for your personal confidentiality. Please inform the Captain upon boarding where specifically this information can be located in case of emergency and if there is anything else of possible immediate concern that he should know. Thank you.

Guest Full Name:

Age:

Sex: M

F

Emergency Medical History

(Please be as complete as possible. Use reverse side if necessary.)

List all Allergies: (example: bee stings, shell fish)

List all Current Medications by name and dosage: (example: blood thinner)

List all relevant Medical History/Issues: (example: Asthma – inhaler carried with me)

List any Other Conditions that may be relevant: (example: get seasick easily)

Doctor Name and Contact Number:

Guest Emergency Contact Information (not on-board vessel)

Name:

Relationship:

Phone Number:

email:

Location: