



MEDICAL QUESTIONAIRRE

Please complete and fax to +1 360 272 7545, OR scan and email the documents to application@sailkailani.com

Ocean passage making is physically challenging. It is not so much about one's physical strength but about one's overall physical, mental and emotional health. Participants will be confined to the space afforded by a 63 foot boat in constant motion for continuous periods of up to a month without respite. You will be living in close quarters with as many four or five other people including your guides. You will need to adapt to a watch system that will leave many of you feeling sleep deprived. You will in all likelihood experience some degree of motion sickness until you find your sea legs. Through all of this you must maintain a positive attitude and share in the responsibilities and duties that come with being a member of the crew. A sense of humor is a great help.

Name: _____ Phone: _____

Date of Birth: _____ Sex: _____

Height _____ Weight: _____ BMI: _____

Vision: Uncorrected:_____ Corrected:_____

Do you wear glasses?:_____ Contacts:?

Describe any problems you have distinguishing colors or seeing at night:

Are you hearing impaired? _____ If yes, how do you cope:

Describe your exercise regimen, if any:

List any allergies to food or medication:

Do you have health insurance that will cover the cost of medical care outside of your home country? _____

Carrier and policy number: _____

List all hospitalizations or outpatient surgeries within the past five years and the reasons:

List any prescription medications you take regularly:

Are you able to lift and carry 40 lbs? _____ Can you swim 50 yards? _____

Describe any health, emotional or fitness issues that may present you with difficulty in participating in an ocean passage:

Your physician's name and contact information:

By signing below I confirm that the above information is true and correct.

Applicant signature

Date

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