

Yacht Crew Medical Fitness Disclosure

Name:

Position/Rank:

Passport/ID Number:

Date of Birth:

Medical History

Do you currently have or have you ever had any of the following? (Tick if Yes)

☐

Asthma

☐

Diabetes

☐

Epilepsy

☐

Heart Disease

☐

Allergy

Other medical conditions or ongoing treatments:

Have you had any operations or been hospitalised in the past 5 years?

Are you taking any prescribed medications?

Have you had any injury or illness in the last 12 months that might affect your ability to work at sea?

Declaration

I declare that the information provided is true and complete to the best of my knowledge.

Signature:

Date:

