



CRUISE: UNIVERSITY OF HAWAII

**CONFIDENTIAL
MEDICAL RECORD AND PARTICIPANT INFORMATION
SEA EDUCATION ASSOCIATION**

Instructions: Participants must complete and return by April 15, 2010. You must notify SEA of any medical concerns or issues that occur prior to sailing.

SSV *Corwith Cramer*, *Robert C. Seamans*, are ocean going vessels which require the participation of all aboard in order to operate. Many operations involve physical activity which in some cases may be demanding. The vessels spend much of their time far from medical facilities and out of range of most means of medical evacuation. It is essential that you inform us **immediately** of any condition which may affect your physical or mental abilities, or which might require attention while you are on the vessel, for your own safety and that of your shipmates. In most instances, given enough lead time, the ship's Medical Officer can usually contact your physician and ensure that the ship is prepared for any special measures which your particular case might require.) However, SEA must reserve the right at any time to decline participation to anyone with medical or physical problems which could create a potentially dangerous situation at sea.

Name _____ SS# or Passport# _____

Home Address _____ Email: _____

Home Phone _____ Cell _____ Date of Birth _____ M/F _____ Ht. _____ Wt. _____
(info used for berth assignments)

Physician: _____ Address: _____ Phone _____

EMERGENCY NOTIFICATION

Name _____ Relationship _____

Address _____ Email : _____

Home Phone _____ Other: _____

MEDICAL INSURANCE

You **MUST** be covered by a sickness and accident policy, which is valid in foreign countries. Please complete the information below and sign **confirming this policy will be in effect during your entire program**.

Insurance Company _____ Policy Number _____

Subscriber _____ Relationship to you _____

Signature _____

How would we reach this company if necessary? Phone Number: _____

SWIMMING ABILITY

For your safety, it is critical that the captain of the vessel be **aware** of your swimming/floating ability.
Can you swim? Y/N _____ Can you stay afloat, unassisted, for 30 minutes? Y/N _____

SEA SICKNESS

Meclizine and **Promethazine** are available on the ships to help with seasickness. Please check with your doctor that you may take these medications if needed.

Parent/guardian: I approve / I do NOT approve (circle one) offering the above medications to my daughter/son for treating seasickness. _____ **(for participant under 18.)**

MEDICAL INFORMATION It is critical that you disclose all medical conditions/problems.

- Problems with vision or hearing (glasses, contacts or hearing aid). Please check.
- Problems with teeth.
- Dizzy spells, fainting, convulsions, persistent headaches
- Frequent infection of throat, tonsils, sinuses, ears
- Chronic cough, bronchitis, bloody sputum
- Shortness of breath, asthma
- Chest pains upon exertion or deep breathing
- Palpitation of the heart, murmurs, irregular beat, poor circulation
- Jaundice or hepatitis, frequent diarrhea or bloody stools
- Severe menstrual cramps, frequent abdominal cramps
- Kidney stones or infections
- Chronic skin problems (rash, infection)
- Any severe injury to head, chest, or internal organs
- Urinary tract infections, painful or frequent urination, bed wetting
- Illness requiring hospitalization or prolonged incapacitation
- Frequent nausea or vomiting, food intolerances, indigestion/heartburn
- Cramps, heat exhaustion, or other reaction to high temperatures
- Claustrophobia, agoraphobia, acrophobia (strong fear of confined places, open areas, heights)
- Continuing use of alcohol, drugs, or medicines
- Diabetes, thyroid condition, bleeding problems, or epilepsy
- Episodes of depression, anxiety, hysteria or nervousness
- Venereal disease or sexually transmitted disease
- Motion sickness
- Low or high blood pressure
- Hernia
- Hypoglycemia
- Appendicitis
- Eating Disorder
- Dietary Restrictions/Allergies
- Pregnancy (current)
- Broken bones, dislocations, sprains
- Joint pains, swelling, or stiffness
- Chronic pain in neck, back, or limbs

ALLERGIES: Y/N _____ **DESCRIBE:** Medications, Foods, Insect Bites? **REACTION** _____

If there is a history of severe allergic reactions, you must bring at least 2 EpiPen Kits to sea.

REQUIRED IMMUNIZATION: TETANUS TOXOID series. Date of last booster (within 7 yrs.) _____

PRESCRIPTION MEDICATION(S): Please Specify. Include dosage and purpose.

Have you received or are you currently receiving, psychiatric/psychological diagnosis or treatment? If so, please print doctor's name & address and include reason, dates, medications:

AUTHORIZATION

I certify that this health history, and all information on it, is **complete and accurate**, and that I am physically and emotionally fit to participate in an extended offshore voyage. In the event I cannot make a decision in an emergency, I hereby authorize the Sea Education Association, Inc. (SEA), its Doctor(s), ship's Captain or Medical Officer to administer emergency medical treatment and to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for me. I give permission for SEA staff to share information from this form if needed for medical purposes. I understand that I am responsible for notifying SEA immediately of any injury, illness or other medical condition or **change** to the medical information here provided. I certify that I am at least 18 years of age. (If not 18, parent/guardian must also sign.)

Date: _____ Printed Name: _____

PARTICIPANT SIGNATURE (required): _____

Parent/Guardian must cosign for participants less than 18 years of age _____

**PLEASE RETURN TO SEA EDUCATION ASSOCIATION
P.O. BOX 6,
WOODS HOLE, MA 02543
ATTN: JANE FRYE, DEAN'S OFFICE**