



JOURNEY BEYOND

**CRUISE  
WHITSUNDAYS**

# MEDICAL RISK ASSESSMENT & DECLARATION FORM

## MEDICAL RISK SELF ASSESSMENT (PLEASE SIGN BELOW TO ACKNOWLEDGE)

Snorkelling is generally a safe activity enjoyed by many people; however it can become strenuous - even in calm conditions - and may increase the risk to your health and safety. Please be aware that persons over the age of 50 are more likely to suffer from diagnosed and undiagnosed medical conditions that may be made worse by physical exertion, stress or panic.

If you suffer from - or have suffered from - any of the following medical conditions, please complete the Medical Declaration below.

- Heart condition / surgery
- High blood pressure
- Emphysema / lung condition
- Epilepsy / seizures / fainting
- Recent head injury
- Low blood pressure
- Diabetes

The crew are here to ensure your snorkelling experience is a memorable one, and they will advise you on some simple safety measures to ensure this is the case.

### MEDICAL DECLARATION

I (print name) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female

If you are snorkeling today, please acknowledge you have read this information by signing below and then complete the Medical Declaration if required. If you have any questions or concerns, don't hesitate to ask.

Declare that I have been advised that snorkelling is generally a safe activity enjoyed by many people; however it can become strenuous – even in calm conditions – and may increase the risk to my health and safety. By ticking the relevant box, I declare that I suffer from, or have suffered from the following medical conditions:

Condition	Yes	No	Condition	Yes	No
Heart condition / surgery			High blood pressure – medicated		
High blood pressure – non-medicated			Diabetes		
Emphysema / lung condition (circle)			Low blood pressure		
Asthma			Other (list):		
Epilepsy / seizures / fainting (circle)					

I also declare that			Yes	No	
I have consumed alcohol today			I have snorkeled before		
I have any disability which may affect the normal use of snorkelling equipment			I intend on snorkeling today		
			Rate your swimming ability (tick)	<i>Non-Swimmer</i>	<i>Average</i>

#### CREW TO COMPLETE:

Passenger risk score:		Passenger risk rating:	L M H E (circle)
Assessment completed by (name):		Site Score:	L M H E (circle)

Recommended safety measures to be implemented:

<input type="checkbox"/> Visible marker	<input type="checkbox"/> Snorkel with a buddy	<input type="checkbox"/> Stay near ropes	<input type="checkbox"/> Suggest noodle or lifejacket
<input type="checkbox"/> Encourage life jacket	<input type="checkbox"/> Restricted area	<input type="checkbox"/> Must wear a life jacket	<input type="checkbox"/> Advised not to snorkel

NOTES: \_\_\_\_\_

*I understand all advice given to me by the crew regarding my medical declaration, as well as any safety measures I have been asked to follow.*

Signature \_\_\_\_\_

Date \_\_\_\_\_