

## CONFIDENTIAL PASSENGER HEALTH QUESTIONNAIRE

NAME: .....

CABIN: .....

SHIP: .....

VOYAGE: .....

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### PASSENGER SECTION:

- 1) Age at time of sailing ..... 2) Are you traveling alone? Yes No  
Name traveling companion .....
- 3) Name of Insurance Co. ..... Phone .....

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### DECLARATION

I hereby give permission for my Personal Doctor to release my confidential medical information to P&O Cruises (Customer Care department).

Passenger Signature ..... Date: .....

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### DOCTOR SECTION:

P&O Cruises would like to ensure the safety and fitness of your patient during their cruise holiday and would therefore be grateful if you would complete the following questions. The Medical Center onboard is similar to an Urgent Care Facility. However, facilities onboard are more limited than a shore- based hospital. The medical staff is available to handle all onboard emergencies. The medical staff cannot supply help with self-care or mobility for pre-existing chronic conditions. In such cases the passenger is fully responsible for providing any medical supplies or assistance that is needed (i.e., oxygen, dialysis, insulin, etc.)

- 1) Please list any illnesses or operations: .....  
.....  
.....
- 2) Please list current medications: .....  
.....
- 3) Please list any medications that your patient may be allergic to: .....  
.....
- 4) Please list any equipment that the passenger will be bringing onboard the ship (i.e., oxygen concentrator, wheelchair, etc.)  
.....

We respect your privacy and the personal information you provide us in this health questionnaire will be treated with our privacy policy. In order to facilitate your cruise, certain information may be required by and disclosed to certain organizations (eg: airlines carriers, fleet medical or medical staff onboard the ship) but only as necessary. You can access the personal information we have collected about you and obtain a copy of our privacy policy from our Privacy Officer. **We will not be able to facilitate the booking, carriage and administration of your cruise if you do not provide us with all the information requested on this form.**

5) Has the patient been hospitalized in the past year?	Yes	No
6) Any exacerbations within the past year?	Yes	No
7) Do you think this patient is medically fit to travel on a cruise?	Yes	No

If a yes has been checked for questions 5 or 6, please include details in the section provided below. Please also include any recommendation regarding treatment of your patient. All medical information is for use by the ship's physician for in emergency situations. Thank You.

<p>Doctor's Signature: .....  Date: .....</p>	<p>Doctor's Name: .....  Address: .....  Phone: ..... Fax: .....</p>
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Please be advised that P&O Cruises strongly recommend that all passengers purchase travel insurance which provides coverage for appropriate medical care and repatriation or medical evacuation. Some insurance policies may not cover pre-existing medical conditions, nor provide coverage for all medical services. Some policies may not provide the funds necessary for treatment nor evacuation until the passenger has returned home. Medical care and evacuation can be very expensive.

Each P&O Cruises ship is outside the scope of Australian Medicare and treatment is charged at private rates. All charges for consultations, treatments and medication, including those incurred on Australian coastal cruises, cannot be claimed on Australian Medicare.

<p><b>Comments:</b>  ..... ..... ..... ..... ..... ..... ..... ..... ..... .....</p>
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