

Health form

Take a copy, put it in an envelope and deliver this to Medic upon boarding.

If you have food allergies or special needs, contact the medic of your stage as soon as possible (NB!) for preparations before departure. You have been given access to information on the stages and should find your name and the name of your Medic on your corresponding stage(s).

The voyage is divided into 11 stages.

I participate in stage(s); _____

Health information

This health form is confidential, and is for the ship's Medics eyes only, to be destroyed after the 2026 voyage to secure privacy. If something were to happen, the information in the form will be shared with the necessary personnel.

Name:	Date of birth:
Address:	
Zip/postal code:	City:
Phone:	Mail:
Stivkrampe / Tetanus inoculation: Yes/ No	If yes, when (date):
Allergies:	
Other diseases like diabetes, epilepsy etc.:	
I need the following medicines (during the voyage) / Other important information:	
CAVE (A warning to take into consideration before taking any further action) None	
Next of kin #1:	
Name:	Phone:

Address:	
Zip/postal code:	City:
Next of kin #2:	
Name:	Phone:
Address:	
Zip/postal code:	City + country:

Privacy declaration:

I accept these data to be stored onboard the ship and to be made available for home-contact during the Voyage time. The data are to be used to secure correct medical treatment and alert next of kin if an accident occurs. The data will be deleted no later than one month after end of Voyage, 23.09.2026.

Health declaration

I hereby declare:

- that I have assessed myself in relation to the requirements for physical mobility on board.
- that I consider being able to move from bow to stern while at sea, without the risk of falling overboard or injuring myself.
- that I bring my own seasickness tablets, and I will follow the captain's orders when these are to be taken.
- that I take precautions for infection control (like Covid, Flu...) and hygiene on board Saga Farmann.
- that I have valid travel insurance.
- that I have a valid health insurance card (Helsetrygdekort). Applies to members of EU/EØS countries.
- that I participate after my own responsibility as a crew member onboard Saga Farmann.

Date _____ Place _____

Signature _____