

Mandatory Health Questionnaire

PONANT cruise — Adult over 16 years

Part 1 — Medical questionnaire to be completed by the passenger

Part 2 — Medical questionnaire to be completed by the attending physician (optional)

Navigation aboard cruise ships of the Compagnie PONANT will allow you to reach remote areas. The organization of medical evacuation is a challenge at sea. A medical team made up of a nurse and a doctor will be on board to provide medical assistance in the event of an acute illness especially in current epidemiologic context.

Thus, the on-board medical team needs complete information about your general health.

The cruises are not authorized for children under 1 year of age due to its limited pediatric medical staffing.

Pregnant women over 3 months old are not allowed due to the impossibility of neonatal care.

Compagnie du PONANT reserves the right to refuse access to the cruises to any passenger considered by PONANT's doctors or his own doctor to have a state of health incompatible with them. In addition, the company requires each passenger complete this form in advance and present to the medical team at the time of embarkation.

Health data is transmitted in strict compliance with medical confidentiality.

Dr Anne-Marie Carpentier
PONANT Medical Director

Name & Surname : underage child, parent's name:	Date of birth :
Boarding port :	N° mobile phone :
Your ship <input type="checkbox"/> m/s <i>Paul Gauguin</i>	

Part 1 — Personal statement

To fill by the passenger

SECTION 1 – Medical history	Yes	No
Do you have or have you ever had one of the following diseases or symptoms?		
Are you vaccinated against Covid 19 ?	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease, parasitic or immune system: especially as a result of the Covid 19 disease	<input type="checkbox"/>	<input type="checkbox"/>
Heart defect, myocardial infarction, high blood pressure, pulmonary embolism or any other disease of the cardiovascular system?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, hypercholesterolemia, thyroid disorder or any other disease of the endocrine system or the metabolism?	<input type="checkbox"/>	<input type="checkbox"/>
Anemia, coagulation abnormality, leukemia or any other blood disease?	<input type="checkbox"/>	<input type="checkbox"/>
Depression, anxiety disorder or any other psychiatric disease?	<input type="checkbox"/>	<input type="checkbox"/>
Cerebrovascular accident, epilepsy or any disease of the nervous system or the muscles?	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis, asthma, COPD or any other disease of the respiratory system?	<input type="checkbox"/>	<input type="checkbox"/>
Disease of the digestive system, liver or from abdomen?	<input type="checkbox"/>	<input type="checkbox"/>
Disease of kidney or any other disease of the urogenital system (kidney failure, renal colic, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Sciatic, arthrosis or any other disease of the bones, the articulations or auto-immune disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Benign tumor and/or malignant?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 – Surgical history	Yes	No
Have you ever been injured? or had surgery in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
In case of head trauma, please advise if there has been a coma or loss of consciousness, its duration and any side-effects:		

If you have answered YES to one of the questions of section 1 and/or 2: What disease, operation, accident is involved? When? Duration? Side-effects? Comments.

Name & Surname:

Date of your cruise :

SECTION 3 : Current medical situation

Are you currently a medical treatment?

Please join your medical prescription to the medical file or list them precisely

Are you receiving medical care?

Which ones?

Why?

SECTION 4 : Activities

Do you practice any sports?

What is your physical condition to track activities?

How far can you walk?

I certify that I have answered the above questions sincerely and that I have not concealed anything. The personal medical data are used exclusively for the file processing, by the on-board doctor and the doctor of the medical directorate at the company headquarters. The medical council grants itself the right to refuse your boarding if risks are taken for you or other passengers.

Place and date:

Signature:
