

# Check in Form

Please fill out the following check in form as completely as possible. The only use for this information is to insure attending medical personnel have pertinent medical background information in the event you require medical treatment while on cruise with the Zephyr. You will be given this form back upon your departure to do with as you please, we do not keep a copy, nor do we share it.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ Email: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

Please provide a contact person to notify in case of emergency: \_\_\_\_\_  
Phone Number of your contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

## MEDICAL HISTORY

Please list any medication allergies or reactions:

\_\_\_\_\_  
\_\_\_\_\_

Please check to indicate if you have ever had the following conditions:

- |   |  |   |                                       |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> High blood pressure     | <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Heart attack |
| <input type="checkbox"/> Kidney disease               | <input type="checkbox"/> Hepatitis               | <input type="checkbox"/> Thyroid disease          |                                       |
| <input type="checkbox"/> Stroke                       | <input type="checkbox"/> Depression              | <input type="checkbox"/> Emphysema                | <input type="checkbox"/> Seizures     |
| <input type="checkbox"/> Tuberculosis                 | <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Congestive Heart Failure |                                       |
| <input type="checkbox"/> Arrythmia                    |  |   |                                       |
| <input type="checkbox"/> Eye problems – type: _____   |  | <input type="checkbox"/> Cancer – type: _____     |                                       |
| <input type="checkbox"/> Other, please explain: _____ |  |   |                                       |

Please list any surgeries or hospital stays you have had and their approximate date/year:

<i>Type of surgery / reason for hospitalization /</i>	<i>Date</i>
_____	_____
_____	_____
_____	_____

If you have any other medical problems or serious injuries that are not listed above, please describe them here:

\_\_\_\_\_

Is there anything else you would tell a paramedic or doctor who is treating you?

\_\_\_\_\_  
\_\_\_\_\_

(OVER)

Please list all medications, including vitamins, herbal or natural supplements and prescription medications, which you are currently taking. Please note the dosage if possible.

*Medication Name*

*Dosage*

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Ladies: Could you be, or are you pregnant? Yes      No

Please list any food allergies \_\_\_\_\_

Please sign and date: \_\_\_\_\_

Please list your favorite foods for:

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Snacks and preferred drinks \_\_\_\_\_

Anything you really don't care for?

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\*Please bring along your favorite travel mug for coffee or water, hopefully with a lid or no-spill design.

\*Bedding, sheets, blankets and pillows are on the bunks, no sleeping bag required.

\*Smoking and drugs are not welcome aboard Zephyr.

\*Bring along your own adult beverages, but please, we prefer containers other than glass. (Alcohol is not permitted on work charters)

\*We take lots of photos and video of your adventures, bring along a 16gb or larger USB thumb drive so we can send you home with the files.