DOCTOR'S DECLARATION - Form A3

To be completed by your family doctor or specialist in **CAPITAL LETTERS** otherwise the request might be refused

Guest Name _____ Booking nr. _____ Ship _____ Departure date _____

Dear doctor,
the following information will be used by our Medical Department to assess the fitness to sail of the passenger. Please add a detailed medical report if necessary.
***KINDLY WRITE IN CAPITAL LETTERS** AND, IF POSSIBLE, IN ENGLISH. If you prefer, you can provide the information via a different document, as long as all the points below are covered. Thank you very much for your time.*

1) **Passenger's medical condition and possible complications:**

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2) **Relevant medications**:

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3) If the passenger suffers from a **psychiatric condition**, please answer the following questions:

a) Does the patient have any known suicidal tendency? ☐**YES** ☐**NO**
b) Is the patient at risk of aggressive or violent behavior? ☐**YES** ☐**NO**
c) Does the patient suffer from anxiety or panic attacks which might be triggered or made worse by crowds or enclosed spaces? ☐**YES** ☐**NO**

I certify that at present in my professional opinion the above-mentioned passenger has no contraindication to the planned cruise.

Doctor's name and title: .....
Date: .....
Signature and stamp: .....
Address: .....
Telephone number: .....
Email address:.....