

MEDICAL FORM

Dear Doctor,

The applicant listed below has applied for admission to A+ Academy.

Our program offers students high level academic studies while traveling to 20-25 ports of call each year aboard the tall ship Sorlandet. Students, in addition to completing a full day (6 hours) of academic classes, also participate as crew members (4 hours) while aboard and are required to be physically fit in order to perform their ship board duties. While in the various ports of call, they also participate in field studies which might include hiking, camping, jogging, and scuba diving.

While at sea there is a medical officer (nurse or doctor) on-board, but, the vessel may be as far as 10 days away to the nearest medical facility or medical evacuation services at any given time. Although no sophisticated medical facilities are available on the vessel there is a limited infirmary with basic medications and equipment. We ask you to complete this confidential medical report so that all due care may be provided. A+ Academy is intended for students in reasonably good health. Candidates who are not fit for long trips for any reason, including disability, heart or other health condition are advised not to join A+ Academy. Eating disorders and behavioural therapy or treatment should also be noted. A+ Academy seeks to ensure that no candidate's health is placed at increased risk while participating in our programme.

Thank you in advance for your thorough address of the information requested here. If you need additional space, please use a separate sheet of paper and sign and date it. Once completed, send all pages to the A+ Academy Office at the address above.

Part A: Candidate General Information.

Family Name:

Given Names:

Address:

City/State:

Province/Postal or Zip Code:

Home Telephone:

Gender: Male

Female

DOB: (DDMMYYYY):

Health Care Number:

Jurisdiction:

Blood Type:

Blood Pressure:

Part B: Candidate History; Medical Conditions

Has the candidate, in the past 5 years, been diagnosed, treated, or sought advice or therapy for any of the conditions listed in the table below (If the answer is yes to any of the items below, please explain, including restrictions and treatment):

Part C: Additional information

Has the candidate ever had surgery or been hospitalized? If yes, please explain.

Is the candidate currently under medical treatment of any form? If yes, please explain.

Does the candidate have any tattoos or body piercings?

YES

NO

CANDIDATE MEDICAL REPORT

If yes, where are they located?

Please indicate below any health issue(s) which might re-quire special attention during a 10 month voyage on a tall ship at sea, or which might affect the safety and/or perfor-mance of the candidate, or the safety and/or performance of others during such an absence. **Including Mental?**

Please list below all prescription and over-the-counter medications the candidate is currently taking:

Medication

Dosage

Reason for taking

Amount/Frequency



CANDIDATE MEDICAL REPORT

| Does the student suffer from: | YES | NO | DETAILS |
|--|------------|-----------|----------------|
| 1. High blood pressure | | | |
| 2. Heart disease / Heart murmur / Irregular heartbeat / palpitations | | | |
| 3. Chest pain/pressure | | | |
| 4. Arthritis/rheumatism | | | |
| 5. Heatstroke | | | |
| 6. Frequent dizziness / fainting | | | |
| 7. Headaches / migraines / | | | |
| 8. Head injury with neurological impairment | | | |
| 9. Tuberculosis / positive TB test | | | |
| 10. Asthma / COPD / lung problems | | | |
| 11. Active or history of hepatitis | | | |
| 12. Infectious disease | | | |
| 13. Seizure disorder/epilepsi | | | |
| 14. Bleeding / blood disorder / anemia | | | |
| 15. Thyroid problem | | | |
| 16. Gastro-intestinal problems | | | |
| 17. Hypoglycemia (low blood sugar) | | | |
| 18. Diabetes | | | |
| 19. Cancer | | | |
| 20. Kidney problems | | | |
| 21. Urinary tract problems | | | |
| 22. Bedwetting | | | |
| 23. Orthopedic problems | | | |
| 24. Hearing impairment / Vision impairment | | | |
| 25. Skin problem | | | |
| 26. Motion sickness | | | |
| 27. Sleep walking / sleeping disorder | | | |
| 28. Menstrual problems | | | |
| 29. ADD / ADHD | | | |
| 30. Adjustment disorder | | | |
| 31. Anxiety disorder | | | |
| 32. Eating disorder | | | |
| 33. Learning disorder | | | |
| 34. Mood disorder | | | |
| 35. Schizophrenia / Personality disorder | | | |
| 36. Substance related disorder (alcohol, drugs etc) | | | |
| 37. Behaviour disorder | | | |
| 38. Obsessive Compulsive disorder | | | |
| 39. Self-harm Disorders | | | |
| 40. Other | | | |



CANDIDATE MEDICAL REPORT

Allergies

Does the student have any allergies (medical, food, insect, environmental etc.)?

YES NO

If yes, please describe

Does the student have any dietary restrictions?

YES NO

If yes, please describe

Part D: Medical Examination

I declare that I have examined the candidate

I am aware of the programme details and am familiar with both the physical demands, and the remote locations of this voyage, and the fact this candidate may travel far from the nearest medical facilities. With this knowledge, I have considered the suitability of this travel, and to the best of my knowledge believe this candidate to be physically and psychology fit to undertake this trip.

I further declare the answers provided above to be accurate, complete and truthful.

Physician signature

Physician Name (block letters)

Address

Phone Number

Date