



## Tallship Florette Application Form for Voyage Crew

### Voyage Crew Personal Contact Information

Name: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Passport No.: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email: \_\_\_\_\_

Who are you travelling with? \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email: \_\_\_\_\_

Sailing a Tallship is physically demanding. Brigantine Florette operates in all weather, 24 hours a day. Voyage crew live in close quarters and are encouraged to participate in all ship routines and program activities (swimming, keeping watch, going aloft, performing emergency drills, maintenance work, etc.) It is essential for the safety of the voyage crew and the total ship's company that you be medically and psychologically fit. The term "VOYAGE CREW" defines any persons coming onboard for pleasure and or is actively involved onboard as a trainee/ Mitsegler, youths or as a student.

Our ship is supplied with first aid equipment and our officers are certified to deliver emergency first aid. We have VHF ship radio and cellular phones aboard which allow us to communicate with medical personnel, if required. Nevertheless, it is important to recognise that our ship is sometimes many hours away from acute care medical services. If this voyage crew has a pre-existing condition or are in doubt about his fitness for a sea voyage on a sailing and rolling ship you are requested to seek your doctor's advice first. Voyage crew taking part that are 70 years of age and over are requested to bring a medical attest from your doctor stating that the person is fit and healthy to take part on a sailing voyage.

By signing this document I \_\_\_\_\_  
acknowledge that I have read and understand the the ship rules and accept them in full. I declare to have answered these questions truthfully. This booking is subject to the ships captains approval based on the completed health statement (see attached). I am fully aware that my participation in a voyage on board the Brigantine Florette is at my own risk.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



## Health and Medical Care Information

The Captain and crew take great care to ensure a safe environment and working practises onboard. This is clear when you, as a voyage crew walk onboard. We provide the necessary tools and safety information for every voyage crew to have an enjoyable and uninterrupted experience. To ensure that we are able to provide this, we require full disclosure of any medical conditions and medications that you may be taking. This also includes any COVID related symptoms, vaccinations and contacts with the virus that you may have had the previous 14 days. If you have any doubt about your medical fitness for the voyage please consult with a doctor and speak with the captain before joining.

Does any of the following apply to you. Please mark yes or no:

motion sickness	yes	no	migraines	yes		stomach issues	yes	no
respiratory problems	yes	no	allergies	yes		hearing impairments	yes	no
diabetes	yes	no	risk for infections	yes		restricted mobility	yes	no
heart condition	yes	no	skin conditions	yes		recent injuries	yes	no
epilepsy	yes	no	wear contact lenses	yes		recent surgeries	yes	no
dizziness/ fainting	yes	no	color blind	yes		pregnant	yes	no

If you have answered yes to any of the above or have any other medical conditions that we should be aware of please explain (include specific allergies & reactions).

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If you are taking any medication please indicate what it is and for what it is used for.

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Are you fully immunised? \_\_\_\_\_ Have you been fully immunised for COVID? \_\_\_\_\_

Are you afraid of heights? \_\_\_\_\_ Can you swim for at least 15 minutes? \_\_\_\_\_

Have you sailed before and/ or hold any qualifications? \_\_\_\_\_

In case of an emergency I give permission for any medical treatment or medication with the authority of the Captain and/or under the advise of a Medical Professional.

I declare to have answered these questions truthfully and to the best of my knowledge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

