



HEALTH DECLARATION – PARTICIPANT ARRUNO EXPLORATION

- Participant's Name:
- Date of Birth:
- Email Address:
- Mobile Number:
- Emergency Contact:
 - Name:
 - Phone Number (in case of emergency):

Physical and Medical Condition

Please answer each question with “Yes” or “No”. If “Yes”, please provide details.

- Are you currently being treated for any medical condition?
- Do you have any allergies (e.g. food, medication, insect bites)?
- Are you currently using medication that is important during the trip?
- Do you have heart, lung, or vascular problems (including high blood pressure)?
- Do you have diabetes or any other chronic condition?
- Do you have back or mobility issues?
- Have you ever had surgery involving joints, muscles, or bones?
- Do you suffer from motion sickness (e.g. seasickness, car sickness)?
- Do you have any mental limitations relevant on board?
- Are you physically capable of participating in onboard activities?

Arruno Exploration (Celis-T'Seyen BV)
Stationlei 10
2288 Bouwel
Belgium
+32 474 97 39 30

VAT no.: BE0478.824.662
RPR: Turnhout, Belgium
Iban: BE60 7330 1069 3470
BIC: KREDBEBB
info@arruno-exploration.be



Comments and further information on your medical background:

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Participant Declaration

- I declare that the above information is complete and truthful.
- I understand that participating in a sailing voyage at sea requires good physical and mental health.
- I will inform the captain at the start of the voyage of any relevant medical needs.
- I will bring sufficient medication for the duration of the voyage, if applicable.

Date:

Participant's Signature:

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