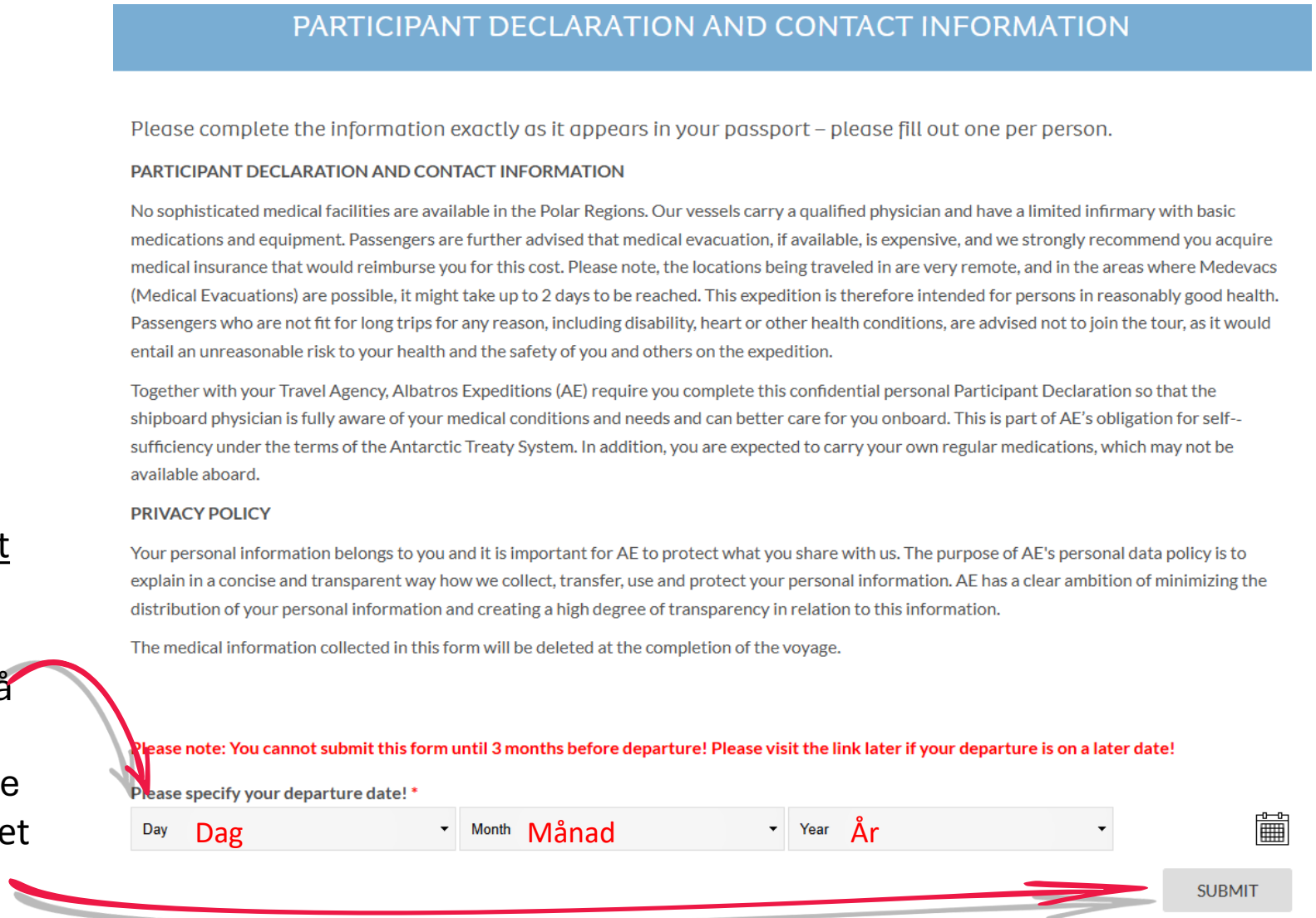
PARTICIPANT DECLARATION AND CONTACT INFORMATION

Du ska fylla I en deltagardeklaration, samt dina kontaktuppgifter I samband med din kryssning. Fyll I formuläret på engelska.

Klicka här för att fylla i deltagarförklaringen:
Participantdeclaration and contact information

Välj det datum du går ombord på själva kryssningen. Du kan tidigast fylla i den 3 månader före avresa. Tryck ´Submit´ när datumet är valt.



PARTICIPANT DECLARATION AND CONTACT INFORMATION

Please complete the information exactly as it appears in your passport – please fill out one per person.

PARTICIPANT DECLARATION AND CONTACT INFORMATION

No sophisticated medical facilities are available in the Polar Regions. Our vessels carry a qualified physician and have a limited infirmary with basic medications and equipment. Passengers are further advised that medical evacuation, if available, is expensive, and we strongly recommend you acquire medical insurance that would reimburse you for this cost. Please note, the locations being traveled in are very remote, and in the areas where Medevacs (Medical Evacuations) are possible, it might take up to 2 days to be reached. This expedition is therefore intended for persons in reasonably good health. Passengers who are not fit for long trips for any reason, including disability, heart or other health conditions, are advised not to join the tour, as it would entail an unreasonable risk to your health and the safety of you and others on the expedition.

Together with your Travel Agency, Albatros Expeditions (AE) require you complete this confidential personal Participant Declaration so that the shipboard physician is fully aware of your medical conditions and needs and can better care for you onboard. This is part of AE's obligation for self--sufficiency under the terms of the Antarctic Treaty System. In addition, you are expected to carry your own regular medications, which may not be available aboard.

PRIVACY POLICY

Your personal information belongs to you and it is important for AE to protect what you share with us. The purpose of AE's personal data policy is to explain in a concise and transparent way how we collect, transfer, use and protect your personal information. AE has a clear ambition of minimizing the distribution of your personal information and creating a high degree of transparency in relation to this information.

The medical information collected in this form will be deleted at the completion of the voyage.

Please note: You cannot submit this form until 3 months before departure! Please visit the link later if your departure is on a later date!

Please specify your departure date! *

Day Dag | Month Månad | Year År

SUBMIT

PARTICIPANT DECLARATION AND CONTACT INFORMATION

Allt markerat med rött
måste fyllas i.

Region och Ship är redan förvalt åt dig.

Region *
Arctic

Ship *
Ocean Albatros

DEPARTURE DATE

Välj avresedatum för kryssningen.

Departure date / Cruise Embarkation date onboard Ocean Albatros - Arctic *
Please select your departure date!
- Select -

PARTICIPANT DECLARATION AND CONTACT INFORMATION

Albatros travel

Allt markerat med rött
måste fyllas i.

Ange Albatros Travel

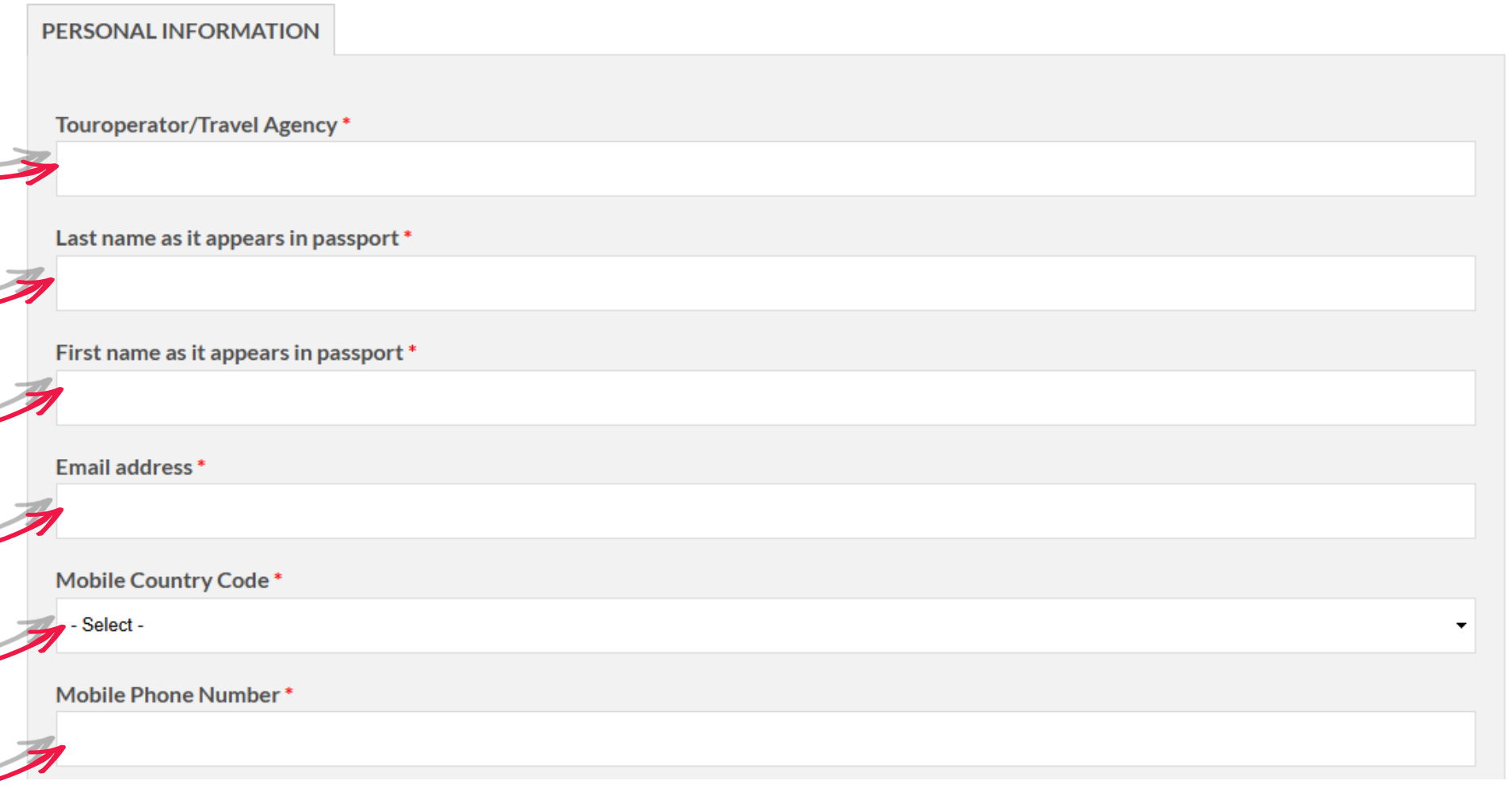
Ange ditt efternamn, som det står skrivit i ditt pass.

Ange ditt/dina förnamn, som det står skriviti ditt pass.

Ange din emailadress

Välj din landskod (Eks. SE +46)

Ange ditt mobilnummer



PARTICIPANT DECLARATION AND CONTACT INFORMATION

Albatros travel

Male = Man
Female = Kvinna

Allt markerat med rött
måste fyllas i.

Välj ditt kön

Välj ditt födelsedatum

Välj din nationalitet

Ange ditt passnummer

Välj passets utfärdandedatum

Välj passets utlöpsdatum

PARTICIPANT DECLARATION AND CONTACT INFORMATION

Allt markerat med rött
måste fyllas i.

Medicinska upplysningar

MEDICAL INFORMATION

Ange namnet på ditt försäkringsbolag

Travel Insurance Company Name *

Ange policynummer

Insurance policy number *

Ange kostrestriktioner och allergier, om du inte har någon skriv ´None´

Dietary restrictions and allergies *

Ange ev fysiskt rörelsehinder, om ingen, skriv ´None´

Mobility restrictions *

PARTICIPANT DECLARATION AND CONTACT INFORMATION

Albatros travel

Allt markerat med rött
* måste fyllas i.

Medicinska upplysningar

Medical Information *

Please declare your prescribed vital medications (Medication name, doses, etc.)

Ange vänligen dina utskrivna viktiga mediciner (medicinernas namn, dosering osv.)
Har du inte något, skriv ´None´

Upplysningar och sjukdomar, handikapp eller svagheter.

Remarks and Illnesses, Disabilities or Infirmities *

Please declare your existing medical information! (Pre-existing injuries, conditions, etc.)

Ange vänligen dina existerande medicinska problem! (Tidigare skador, svagheter)

Jag bekräftar, att jag är i gott generellt hälsotillstånd och kan ta vara på mig själv under expeditionen.

Traveler's Health Statement *

☐ **Yes**

I attest that I am in good general health, and capable of performing normal activities on this expedition. I further attest that I am capable of caring for myself during the expedition, and that I will not impede the progress of the expedition or the enjoyment of others aboard. I understand that this expedition will take me far from the nearest medical facility and that all travelers must be self-sufficient. With that understanding, I certify that I have not been recently treated for, nor am I aware of, any condition, physical nor psychological, or disability that would create a hazard to myself or other members of the expedition. I also attest that I have adequate travel insurance to cover including medical evacuation, travel interruptions, denied boarding and repatriation.

Jag bekräftar, att jag kommer överhålla säkerhets och hälsokontrollerna ombord på fartyget annars kan det leda till avvisning. Positivt test kan medföra karantän ombord.

Traveler's Agreement to Comply with Safety & Health Protocols *

☐ **Yes**

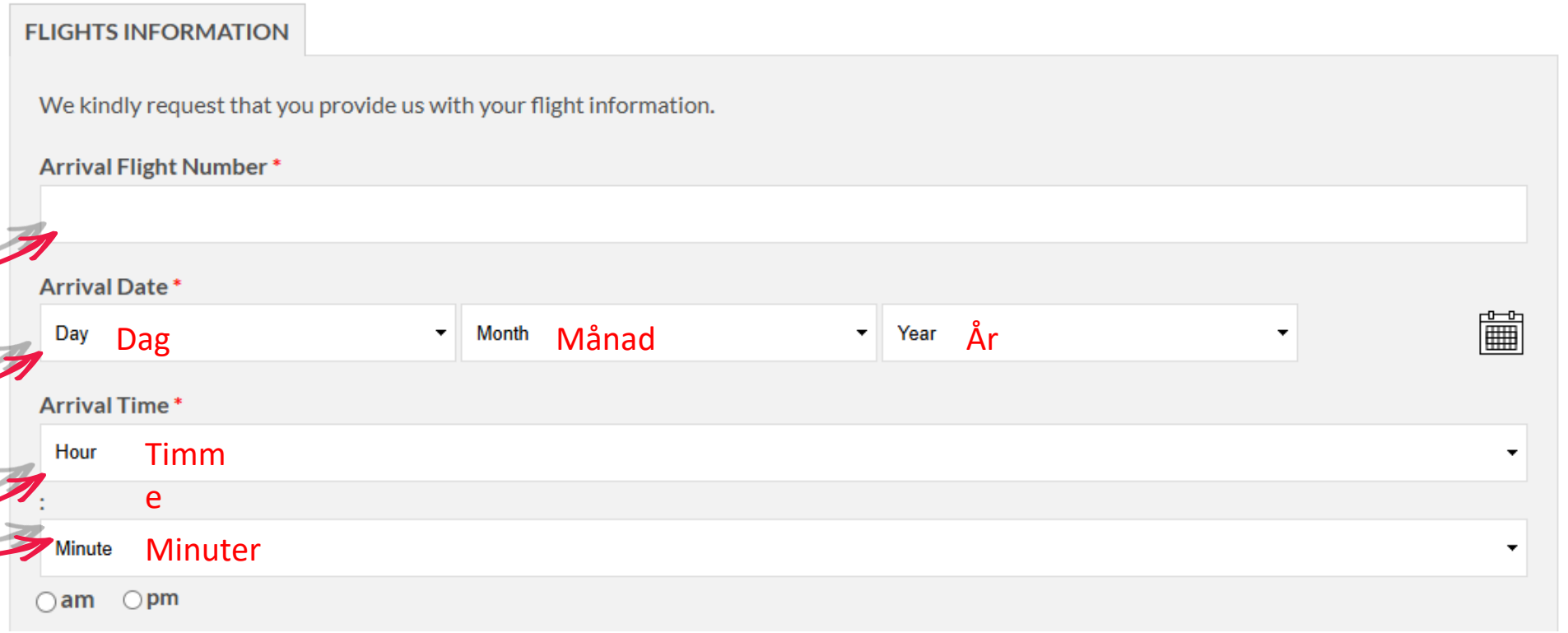
I attest that I will comply with the Safety & Health Protocols onboard the vessel and understand that not complying may lead to denied boarding, and that a positive test may lead to quarantine onboard.

PARTICIPANT DECLARATION AND CONTACT INFORMATION

Albatros travel

Allt markerat med rött
* måste fyllas i.

Flyginformation



Ange ankomstflygnummer, från det sista flyget du ankommer med.

Ange ankomstdatum

Ange ankomsttid

am = efter midnatt
pm = efter lunch

PARTICIPANT DECLARATION AND CONTACT INFORMATION

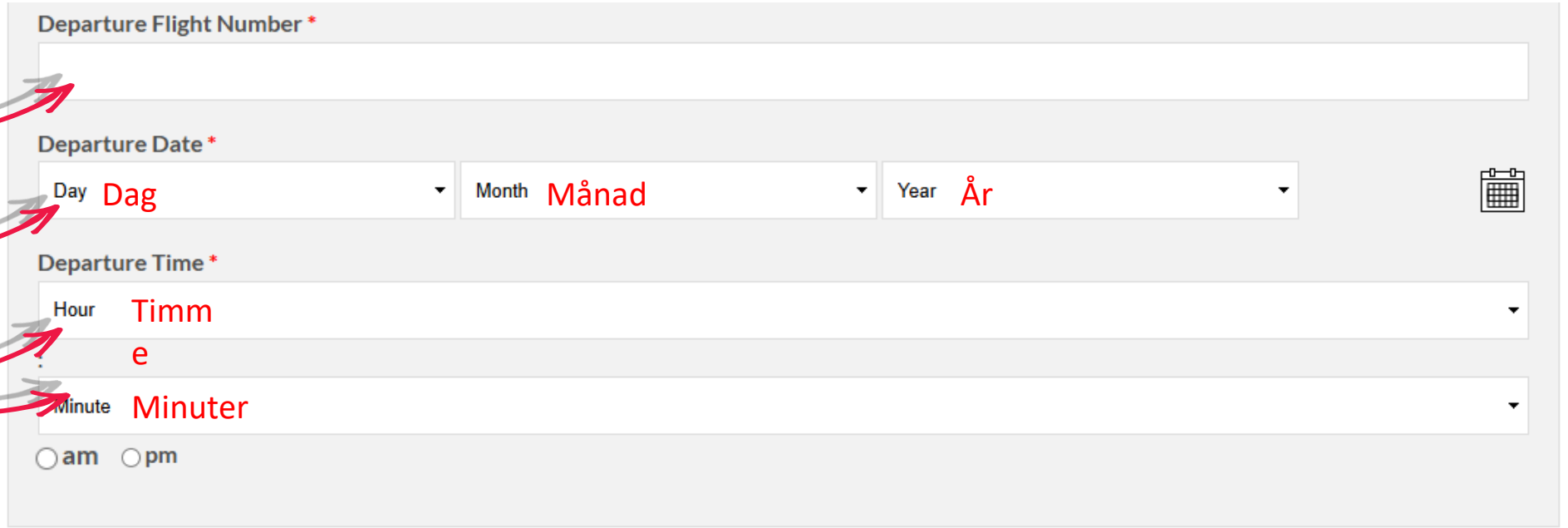
Albatros travel

Allt markerat med rött
* måste fyllas i.

Ange avreseflygnummer, från det första flyget du flyger hem med.

Ange avresedatum

Ange avresetid



am = efter midnatt
pm = efter lunch

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Albatros travel

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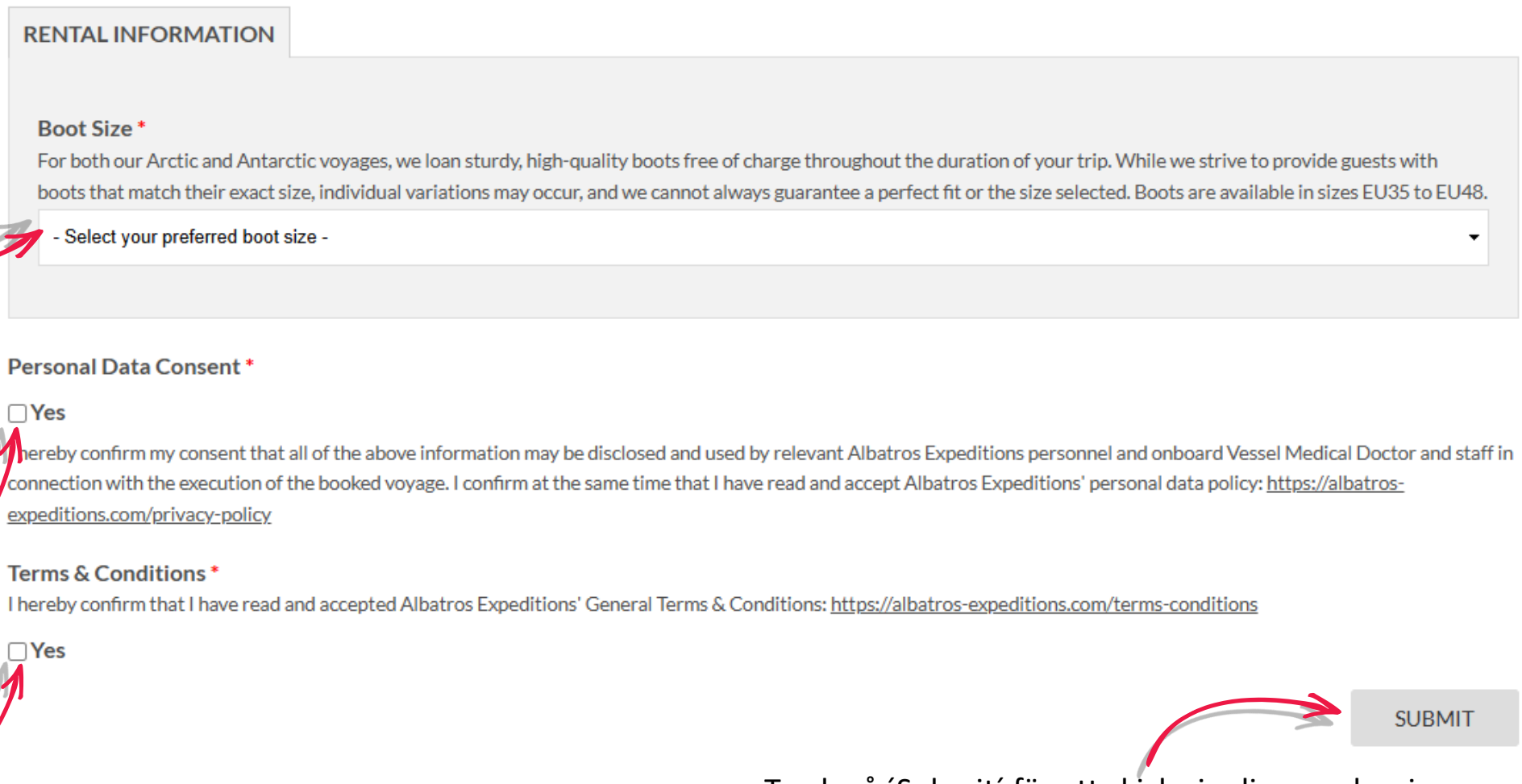
måste fyllas i.

Storlek på stövlar

Välj den stövelstorlek du föredrar.
Storlekar från 35 till 48 EU

Jag bekräftar härmed mitt samtycke till att alla ovanstående upplysningar får vidareges till och användas av relevant personal hos Albatros Expeditions, samt läkare och besättningen.

Jag bekräftar härmed, att jag har läst och accepterat Albatros Expeditions' generella vilkor.



Tryck på ´Submit´ för att skicka in dina upplysningar