



# SEA EDUCATION ASSOCIATION

Environmental Studies at Woods Hole and at Sea

## Confirmation of Physical Exam

Dear Health Care Provider:

Your patient \_\_\_\_\_ intends to join the *Robert C. Seamans/Corwith Cramer* for a multi-day sailing voyage aboard a 135' tall ship. We require all participants to have a physical exam within one year of the start of their voyage.

Once at sea, medical care essentially is not available. Treatment facilities aboard consist of a modest medicine chest administered by the ship's Captain. Radio contact *may* allow the Captain to be guided by a physician ashore. Medical evacuation is not possible except in rare, fortunate circumstances.

Participants stand watches around the clock, in an environment that is both physically and emotionally demanding. Seasickness, a common problem, can render oral medication ineffective or impossible.

In light of these circumstances, we request a full disclosure of medical problems. Given sufficient lead-time, we frequently can plan to manage a medical condition at sea.

Please confirm that you, or a qualified member of your staff, has examined this patient within the last 12 months and found them appropriately fit. Please list any limitations on physical activity or write NONE in the space below:

**Date of Last Physical Exam:** \_\_\_\_\_

**Most Recent Tetanus Vaccination (MUST be within 7 years):** \_\_\_\_\_

**In your medical opinion, is this person a Tuberculosis risk:** NO \_\_\_\_\_ YES \_\_\_\_\_

**SEA SICKNESS:** SEA ships carry meclizine for managing seasickness. Ondansetron and promethazine are also carried for cases where meclizine is ineffective. SEA will make every effort to make appropriate medications available to our participants as necessary to manage vomiting due to seasickness. Your signature below acknowledges that you are aware that your patient may be offered these medications at sea and approve of their use as required. If your patient should not take any one of these medications due to a medical contraindication, please note that contraindication below:

\* **Meclizine (Bonine) is contraindicated because:** \_\_\_\_\_

\* **Ondansetron (Zofran) is contraindicated because:** \_\_\_\_\_

\* **Promethazine (Phenergan) is contraindicated because:** \_\_\_\_\_

\_\_\_\_\_  
Signature of MD/PA/NP/other (please indicate)

\_\_\_\_\_  
Today's Date

Please feel free to contact [medical@sea.edu](mailto:medical@sea.edu) with any questions.

Sea Education Association