



Annex 2 Health declaration

In accordance with the provisions of the Travel Agreement, within 14 days following the signing of the Travel Agreement and any, subsequent observation of a condition or impairment, the Participant must provide the Company with a fully and correctly completed and signed copy of this health declaration in a sealed envelope. The Participant who doubts their health and fitness to participate in a sailing trip at sea should consult a doctor.

- Name:.....
- First name:.....
- Place and date of birth:.....

Emergency contact:

- Person 1:
 - name:phone:.....
- Person 2:
 - name:phone:.....

The participant declares to be in normal, good health, feeling sufficiently fit to participate in a sailing trip at sea and having no knowledge, despite normal careful medical follow-up, of any conditions or limitations except those indicated below.

- Height:.....
- Weight:.....
- Diet (specify vegetarian, vegan or other):
- Sports skills:
 - swimming :
 - YES/NO
 - distance:
 - other sports:
- Pregnant?
 - YES/NO
- Conditions or disabilities:
 - I have allergies or any kind of intolerance
 - YES/NO
 - I have physical conditions: (epilepsy, asthma or other lung disease, diabetes, heart or vascular disease, balance disorders, susceptibility to seasickness, other acute conditions)
 - YES/NO
 - I have certain restrictions (back, joints, limbs, prostheses or other aids)
 - YES/NO
 - I have a condition or complaints of a psychological nature

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- YES/NO
- I have an addiction (medicine, tobacco, alcohol, drugs or other)
 - YES/NO
- I hold a negative COVID test (PCR, max 72 hours old) or vaccination certificate?
 - YES/NO
- I have increased risk of infection:
 - YES/NO
- I have gone through chemotherapy or radiotherapy in the past two years:
 - YES/NO
- I have vision or hearing problems
 - YES/NO
- Medication
 - Participant is currently taking medication:
 - YES/NO
 - This medication is on the prescription of a doctor or therapist:
 - YES/NO

Participant is responsible for bringing a sufficient quantity of this medication.

- Insurance:
 - I have personal health insurance:
 - YES/NO
 - I have additional travel insurance including medical intervention, hospitalisation and repatriation:
 - YES/NO
 - If YES, which insurance institution:.....

Signature Participant

Name of Participant:

Date:.....

This Declaration is solely for the information of the Operator and the Captain of the Vessel and will not be communicated to third parties except to the extent it proves useful or necessary for treatment of the Participant in case of illness or accident during the Trip.

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