Submission of this form constitutes acknowledgement that you have no physical defects or ailments which would prevent the performance of duties at sea for extended periods of time. There is limited medical service available on board. The crew and technical staff have been trained in first aid and UMN subscribes to a 24 hour phone and email medical advisory service called MedAire. While filling out the form, please provide all information you would want emergency response personnel both on board and at MedAire to know about you if you are incapacitated. THIS INFORMATION WILL BE KEPT CONFIDENTIAL with the Chief Scientist, Master, and shore personnel that need to know. The form will be destroyed by shredding at the end of the sailing season.

**If you use prescription and/or over the counter medications bring enough medication to last the duration of the cruise.**

Please provide your doctor’s contact information so that the crew and/or shoreside MedAire professional can interact with them if necessary during an emergency at sea:

Doctor’s full name: Phone number:

**It is strongly recommended that you consult with your doctor regarding the advisability of participating on the cruise prior to boarding the ship.**

Emergency Contact (spouse/parent/etc.): Phone number:

yes no Do you have any food allergies or dietary restrictions? If yes, enter them below and inform the Chief Scientist [ ]  [ ]  so the information can be incorporated into the Cruise Planning Form.

yes no Do you use any medicines regularly? If yes, list them below. Including where they are stored and rules for [ ]  [ ]  dosage and administration if you are incapacitated. Also ensure that you have a sufficient supply for the

 entire trip, including potential unexpected delays.

yes no Do you have any medical conditions that could flare up and require prompt administration of special medica- [ ]  [ ]  -tions or other therapies? For example, diabetes, heart problems, ulcers, asthma, etc. If yes, please describe:

yes no Do you have any conditions that might lead to sudden unconsciousness or loss of motor control or normal [ ]  [ ]  coordination? For example, epilepsy or fainting spells. If yes, please describe:

yes no Do you have any impairments of normal coordination and agility? For example, an artificial limb or partial [ ]  [ ]  paralysis. If yes, please describe:

yes no Do you have any uncorrectable impairments of normal sensory perception (sight, hearing, etc.). If yes, [ ]  [ ]  please describe:

yes no Have you received any medical advice, pertinent to the time you are scheduled to be at sea, to the effect [ ]  [ ]  that you should not travel far away from full medical care facilities? If yes, please describe:

yes no Do you have enough experience at sea to know if you are subject to chronic seasickness? [ ]  [ ]

yes no If you answered Yes to the above, are you subject to chronic seasickness to an extent that may threaten [ ]  [ ]  your health and/or impair your ability to complete your planned tasks?

yes no Do you have any medical condition not noted above which could cause an emergency at sea?

[ ]  [ ]  An *emergency* means that the ship may be required to divert from its planned operations to seek or coordinate medical attention for you. If yes, please describe:

yes no Do you have any other medical concerns or medical information that you would like to bring to

[ ]  [ ]  our attention in the interest of safeguarding you own health? If you need more space, you may attach a written

 explanation, or discuss in person with the Chief Scientist or captain.

*Summarized Drug and Alcohol Policy*

To help ensure the safety and well-being of faculty, staff, students, and the general public, the Large Lakes Observatory (LLO) is committed to maintaining a shipboard environment that is free of alcohol and illegal drugs. The LLO prohibits the unlawful possession, use, distribution, or manufacture of alcohol, marijuana or controlled substances on LLO vessels. Violation of the LLO’s drug and alcohol policy is cause for disciplinary or other appropriate action.

*Summarized Smoking Policy*

In accordance with University of Minnesota Duluth policy, smoking is not permitted on board the ship.

*Summarized Footwear Policy*

Proper closed toed and heeled footwear is required to be worn on board in common work areas or lab spaces without exception. Sandals, clogs, or other floppy footwear can lead to foot injury or falls and are not acceptable. Non-slip safety shoes with protected toes are recommended.

Summary of Harassment Policy

It is the [policy](https://regents.umn.edu/sites/regents.umn.edu/files/2019-09/policy_sexual_harassment_sexual_assault_stalking_and_relationship_violence.pdf) of the University of Minnesota Duluth to maintain an academic and work environment free of illegal discrimination, harassment and intimidation for students, faculty, and staff. Discrimination, harassment and intimidation are contrary to the standards of the University community. They diminish individual dignity and impede equal employment and educational opportunities and equal access to freedom of academic inquiry. It is important that a professional atmosphere is maintained at all times through mutual respect for all your shipmates.

***Acknowledgement of Risk and Consent for Treatment For Field Research Trip Participants***

I acknowledge that I understand that there are certain risks inherent in field research aboard vessels. I acknowledge that all risks cannot be prevented and I assume those risks beyond the control of the University of Minnesota Duluth staff. I represent that I am able, with or without accommodation, to participate in this field research, and am able to use the equipment and/or supplies described by the field research trip leader.

Should I require emergency medical treatment as a result of accident or illness arising during the field research trip, I consent to such treatment. I acknowledge that the University of Minnesota Duluth does not provide health and accident insurance for field research trip participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I have provided in this form any medical conditions about which emergency medical personnel should be aware.

Signature Date