

# NORTH PACIFIC EXPEDITIONS

## Passenger Information Form

Each client that books and participates as a passenger with North Pacific Expeditions (NPE) is kindly requested to fill out a Passenger Information form. This form provides NPE with important information so that we can accommodate special dietary needs as well as take the best course of action should an unexpected medical emergency occur. It also includes an acknowledgement of NPE's **Terms and Conditions** and NPE's **Passenger Activity Risk Statement** (both documents sent separately).

NPE respectfully asks that the information provided, while entirely optional, is as complete and as thorough as possible. All information provided will remain confidential.

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### Booking Party Name

Passenger Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone (Home or Work): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date\*: \_\_\_\_\_ Weight\*: \_\_\_\_\_ Height\*: \_\_\_\_\_

**\*Note:** Used to relay important information to U.S. Coast Guard and/or other emergency service personnel on land if required.

Would you like us to provide rubber boots?  Yes  No      Size: \_\_\_\_\_  Men's  Women's

### Arrival Travel Information

Flight Information: \_\_\_\_\_ Flight Travel Date: \_\_\_\_\_

Lodging Information: \_\_\_\_\_

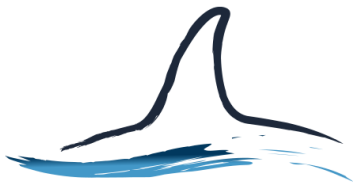
### In Case of Emergency

Name of Person to be notified (not traveling with you): \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### Food Restrictions/Limitations

Please check if you have any dietary/medical food restrictions (*different from food dietary preferences*)

Celiac    Gluten Intolerance    Diabetic    Non-dairy    Low-fat    None

Vegetarian – Please clarify what is acceptable to eat: \_\_\_\_\_

\_\_\_\_\_

Other; please describe: \_\_\_\_\_

\_\_\_\_\_

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### Medical Information\*

NPE operates in backcountry locations that are remote and well-isolated from hospitals, doctors and other emergency services. Although there are crew on board with Wilderness First Responder or CPR/First Aid training as required by the U.S. Coast Guard, being in these remote and isolated areas introduces unique challenges for an evacuation to a medical facility that can become complicated, lengthy and expensive given these circumstances. Informing NPE of pre-existing medical and/or health-type conditions helps us to get you the medical or health treatment you may need within a reasonable amount of time. We do carry an Automated External Defibrillator (AED) onboard.

**\*Note:** Used to relay important information to U.S. Coast Guard and/or other emergency service personnel on land if required.

Known Allergies (e.g. Food, Medicine, Insects, and Contact Dermatitis):   or    None

\_\_\_\_\_

\_\_\_\_\_

If highly allergic to such things as foods or insect bites/stings do you carry an:

ANA-KIT (epinephrine, chlorpheniramine)    Yes    No

How many dosages? \_\_\_\_\_

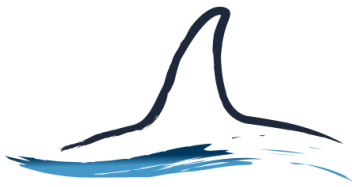
**Please identify any potential health issues or conditions identified by your physician(s)**

Heart    Respiratory    Diabetic    High Blood Pressure    Epilepsy/Seizures    None

Please explain: \_\_\_\_\_

\_\_\_\_\_

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Please list any medications (including inhalers)\* \_\_\_\_\_

\_\_\_\_\_

**\*Note:** We suggest bringing 2x the amount you need for the duration of your trip.

Do you use any of the following?

Oxygen Concentrator     CPAP     BiPAP/BPAP     Other: \_\_\_\_\_

Do you require electricity overnight due to a medical reason? (e.g. CPAP machine)     Yes     No

**NOTE:** We are a "quiet boat" meaning we do not run the generator at night. However, we can make arrangements for electrical power if necessary.

Please list any other medical or physical conditions that may be of concern: \_\_\_\_\_

\_\_\_\_\_

Additional Information that may be of concern to NPE: \_\_\_\_\_

\_\_\_\_\_

### Passenger Acknowledgement

I affirm that the information provided within this Passenger Information form has been filled out completely and accurately to the best of my knowledge. I also affirm that I have carefully read, understood and accept North Pacific Expeditions' **Terms and Conditions** document (provided separately); and that I have carefully read, understood and accept North Pacific Expeditions' **Passenger Activity Risk Acknowledgment** (also provided separately) in association with the services that North Pacific Expeditions provides.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### FOR PARENTS/GUARDIANS RESPONSIBLE OF MINORS (UNDER AGE 18)

This is to certify that I, as parent/guardian with legal responsibility, do consent and agree to his/her participation and release and hold harmless North Pacific Expeditions from any liabilities to the minor child who participates in these activities.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_