



Get Up and Go₂ featuring SeaPuffers Cruises

PO Box 895, Ormond Beach, FL 32175

1-866-673-3019 Fax: 1-386-673-7501

www.seapuffers.com Email: info@seapuffers.com

Medical Information from Your Physician

Traveler: Please sign here to give your physician permission to release your health information to SeaPuffers and the medical crew on your cruise:

Your Signature: _____ Date: _____

Printed Name: _____

Dear Physician: Your patient has registered for a cruise. They will be accompanied by Respiratory Therapists and a nurse. Please answer the following questions so that we may prepare a cruise vacation with their comfort and safety in mind. Thank you in advance for your cooperation.

Patient's Name: _____

Respiratory and Cardiac Diagnosis: _____

Summary of Present Condition: _____

Allergies: _____

Physical Limitations: Hearing _____ Vision _____ Ambulation _____

Special Dietary Needs or Restrictions _____

Concerns you may have about patient traveling on this cruise

Oxygen Therapy Patient Uses: Liquid _____ Gas _____ Concentrator _____
Liters Per Minute: _____ Hours Per Day: _____

Does Patient Need Supplemental Oxygen During Flight? _____
Liters Per Minute: _____

Other Treatments and Equipment Prescribed: _____

Physician's Name: (Print Please) _____

Address: _____

Telephone: _____

Date Of Patient's Last Exam: _____

Signature: _____ Date: _____

ADDITIONAL NOTES:

**Return to Get Up and Go2, PO Box 895, Ormond Beach, FL 32175
or fax to 1-386-673-7501**