



Physician's Medical Information

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

Your Signature: _____ Date: _____

Printed Name: _____

Dear Physician: Your patient will be accompanied on their cruise vacation by Respiratory Therapists. Please answer the following questions, so that we may be prepared with their comfort and safety in mind. Thank you in advance.

Respiratory and Cardiac Diagnosis _____

Special Needs or Dietary Restrictions _____

Concerns you may have about patient traveling on this cruise

Please attach oxygen prescription on Physician Letterhead including:

Mode: Liquid, Gas or Concentrator - Liters Per Minute and Hours Per Day

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

Other Relevant Treatment Prescribed: _____

Physician's Name: (Print Please) _____

Address: _____

_____ Telephone: _____

Date of Patient's Last Exam: _____

Signature: _____ Date: _____

**Please Return to Cruise Planners - Fax to 1-386-673-7501
or mail to Get Up and GO2, PO Box 895, Ormond Beach, FL 32175
Questions? Please call 1-866-673-3019 or mail info@seapuffers.com**

