



## Leaflet for health care for participants of cruises on board the research vessels METEOR, MARIA S. MERIAN und SONNE

(Version status 19.02.2020, leitstelle.ldf@uni-hamburg.de)

The participation in a research cruise requires a **good physical condition**. **Please see a physician and a dentist for precautionary medical examinations before the cruise**. In case you should regularly need special medication, please make sure to bring with you a sufficient stock of this medication and inform the ship's doctor about your need of medication.

Research cruises of METEOR und SONNE are always accompanied by a ship's doctor while MERIAN cruises are accompanied by a ship's doctor only in the majority of cruises depending on the operating area. All medical care on board is free of charge. In case of uncertainties regarding your medical condition or in case of relevant illnesses please contact the ship's doctor prior to the cruise:

R/V METEOR: [schiffsarzt@meteor.briese-research.de](mailto:schiffsarzt@meteor.briese-research.de)

R/V MERIAN: [schiffsarzt@merian.briese-research.de](mailto:schiffsarzt@merian.briese-research.de)

R/V SONNE: [schiffsarzt@sonne.briese-research.de](mailto:schiffsarzt@sonne.briese-research.de)

Please be aware that **pregnant women are excluded from the participation in a research cruise**. The medical care available on board is not suitable to treat complications in the early stages of pregnancy. A further risk consists in cruise-related long distance travels to adequate hospitals.

Generally the ship's doctor can exclude a person from the participation in a cruise for medical reasons. In case a participant has provided incomplete information concerning his health this can also happen after the cruise has started. The vessel will return to the port then.

### Yellow fever vaccination

Lacking immunization against yellow fever and cases in which more than 10 years have passed since the last yellow fever vaccination occasionally have the consequence that port authorities refuse the entry of related persons or demand a vaccination on-site. Such incidents have been experienced in countries without compulsory yellow fever vaccination, but which are likewise classified as "Country with risk of yellow fever transmission" in the [WHO list „Countries with risk of yellow fever transmission and countries requiring yellow fever vaccination“](#). Concerning yellow fever vaccinations the WHO changed the duration of protection from 10 years to lifetime on 11 July 2016. Some port authorities don't apply the new WHO specifications yet.

To avert the risk that participants are subject to a sudden demand of on-site vaccination the ship's doctors recommend a yellow fever vaccination for all cruises with at least one port in a country the WHO classifies as "Country with risk of yellow fever transmission", notwithstanding official compulsory vaccination regulations.

The chief scientist is informed in writing about an existing recommendation for yellow fever vaccination at least 2 months before the cruise.

The scheduled departure must not be delayed by the vaccination status of single participants. In case local port authorities demand persons or persons whose last yellow fever vaccination was longer than 10 years ago to accept a vaccination on-site they must either follow the demand or they may be excluded from participation in the cruise.



The purpose of this „Leaflet for health care“ is to ensure that on board all necessary measures and precautions (e.g. medication, special food, information of the ship’s doctor) can be taken with the objective to guarantee the health and safety of each participant even in case of emergency.

Please confirm by signature the acknowledgement of this leaflet and hand it over to the chief scientist before the cruise.

**Please note: Generally the vaccination certificate must be kept on all cruises!**

We wish you a successful cruise and a healthy return.

Yours

Leitstelle Deutsche Forschungsschiffe

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### SIGNED CONFIRMATION

I have read and understood the contents of this **Leaflet for health care for participants of cruises on board the research vessels METEOR, MARIA S. MERIAN und SONNE**. I hereby confirm my bodily and healthily fitness for the participation in the research cruise specified below.

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

Cruise No: \_\_\_\_\_

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

Signature: \_\_\_\_\_