SELF DECLARATION ON HEALTH CONDITION

(Confidential)

The University Courses on Svalbard (UNIS) is located in Longyearbyen at latitude of 78° north. It is a small town of approximately 1 400 inhabitants which has its own local hospital. The nearest regional hospital is located in Tromsø, Norway, a two-hour flight away.

A large part of UNIS' activities includes field work which often takes place far from Longyearbyen and with limited access to medical assistance. On some of the excursions, participants are transported several days away from Longyearbyen by ship. They work in the field often without radio contact to the ship. Also during winter fieldwork is conducted in remote areas by use of snow scooters as transportation. This kind of fieldwork requires that the participants are in good physical condition. A medical emergency will, in these situations, require an ambulance helicopter. Due to the large distances, rapidly shifting weather conditions and uncertain communications in some areas, this might take some time.

As a course participant you have an obligation to report chronic conditions or other health related conditions, which could be of importance when it comes to accomplishing the most demanding field activities. In case you use medicines on a regular basis you must enclose a declaration from your physician, which states that participation in field activities will not be medically detrimental to you and that participation in the course will not require special resources from the institution.
All medical information must be enclosed in a sealed envelope. This information will be treated confidential and will be sent directly to Longyearbyen hospital for evaluation by the physicians there. They will then consider whether the student is fit to take part in the course program or not. They also might want to take more tests of the students after his / her arrival.

Name:
Home address:
Next of kin:
Next of kin address: Telephone:

	Yes / No
I consider my self to be in normal physical condition and have no conditions and/or medical needs that will make it difficult or dangerous to take part in the fieldwork of my course.	
I have conditions and / or medical needs that I need to inform UNIS about. Information on my needs is enclosed in a sealed envelope.	

I hereby declare that the information given above is correct, and that no information about my health condition, witch may be significant to my participation in field activities at UNIS, is held back.

…….. …… ……..

Date Place Signature participant

Fred S. Hansen
Head of Safety and Logistics
UNIS