
HEAD OFFICE ADDRESS

Harley Street Branch
112 Harley Street
London
W1G 7JQ

IMPORTANT INFORMATION ABOUT YOUR CRUISE MEDICAL FOR ROYAL CARIBBEAN (inc Celebrity, SkySeas, Azamara, Pullmantur)

Please read all the information below carefully. If you have any queries or concerns, please contact us on 03 333 582 111 or email harleystreet@tichealth.co.uk

BEFORE YOUR APPOINTMENT

1. For 12 hours before your appointment time, you must FAST i.e. no food or milky drinks, but you MUST drink plenty of plain water, as it is important to keep hydrated. ** if you are diabetic, please contact us for advice, as fasting is not advised. Avoid protein supplements as this can affect your blood test results.

2. If you have any past, current or ongoing medical conditions, and or you are on long term medication, you will require a letter from your GP, explaining the history of the medical condition, and if on medication (excluding oral contraception), the name of the medication, dosage, and confirmation that you will have sufficient medication for the duration of the contract. **If you have been on prescribed medication for any condition at ANYTIME, please contact us. Also, if you have had surgery ANYTIME or hospital admissions, a letter is usually also required from your GP or Specialist. Please contact us for advice if you are unsure.**

We have also been instructed by the Cruise Lines to inform candidates of the International Maritime Laws & Regulations of conditions that MAY affect a candidate being allowed to join the ship as follows (but not limited to).

Please answer Y/N to the following (PAST OR PRESENT)

Epilepsy	Y/N
Insulin Dependent diabetes mellitus	Y/N
Hepatitis B Surface Antigen Positive	Y/N
Depression, Anxiety, Panic Attacks or any psychiatric illness	Y/N
Current Pregnancy	Y/N
Scoliosis	Y/N
BMI greater than 35	Y/N
Asthma if you are taking regular medication	Y/N
Asthma in childhood, or only take medication ad hoc	Y/N

Please contact us IMMEDIATELY if you answered YES to any of the above before booking travel arrangements to discuss further requirements

3. You will need a copy of your MMR (Measles, Mumps, Rubella) and Tetanus vaccination proof



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from your GP. If you have not been immunised, we can organise this for you, but there is an extra charge for this.

4. Please be aware that we will also be conducting a drug test. Do not take any over the counter prescriptions pain/cold medications apart from Aspirin, ibuprofen or basic paracetamol (NOT co codamol, night or day nurse etc as these WILL interfere with your drug test)

5. **Females only:** Please avoid booking or give 24 hours of notice to reschedule if you have menstruation on your appointment as the urine sample analysis will be inaccurate and it may mean that they need to return for just a urine test.

ON THE DAY OF THE APPOINTMENT

1. If you wear glasses and/ or contact lenses, you will need to bring all pairs with you. You will be required to have your vision tested without glasses or your contacts in, so please ensure you can remove your contacts and bring glasses, or bring a recent (less than 3 months) unaided vision test with you.
2. You need to bring your passport with you.
3. Bring the MMR, Tetanus and Yellow Fever print outs and any letters required (as in points 2 and 3 above).
4. Please note the medical includes breast/testicular examination. A chaperone is available on request.

AFTER YOUR APPOINTMENT

If there is anything to follow up, we will contact you to discuss.

Once we have all your results back, and any letters/paperwork we require for your medical (if no follows up or abnormal results, this is usually within 5-6 working days), we will email a PDF of the medical to you/recruiter. The email will be encrypted by EGRESS. It is simple to set up a password and sign in to open the document. We will post the original which you must take on board with you by registered post.

Once you have read this information, please sign below to indicate you are clear of the requirements before you attend for the medical at Tic Doctor, and email the signed sheet back to us

Name (please print) : _____

Signature: _____

Date: _____

(If you do not return the signed sheet, your consent to go ahead with and pay for the medical will be assumed)



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