

EMAIL ADDRESS : (電郵信箱) :

(煩請使用大寫字體)

REEF EXPERIENCE ☐

(珊瑚體驗號)

REEF ENCOUNTER ☐

(珊瑚奇遇號)

Safety Number

安全號碼

FULL NAME:

(護照姓名)

DATE OF BIRTH:/...../.....

出生年月日)

HOME ADDRESS: TEL:

(聯絡地址)

Street 街道名

State 州

Country 國家

(澳洲電話)

EMERGENCY

CONTACT :

(緊急聯繫電話)

ACCOMMODATION :

(凱恩斯住宿)

昆士蘭政府要求所有參加海上游泳, 浮潛, 深潛等活動參加者, 填寫以下健康調查表單。

CERTIFIED DIVERS ONLY: Certification Type#.....

(持證潛水員)

Date Of Certification : Last Dived Approx No. of Dives

(發證日期)

(最近一次潛水日期)

(目前大約潛水次數)

Are you Fit to Dive (請圈選) : YES NO

(是否合適潛水活動)

所有的游泳者, 浮潛員以及潛水員都已被告知被水母螫咬, 珊瑚割傷, 過度疲勞, 曬傷, 以及溺水的危險性. 穿著潛水服或防蜚服將可以大大減低上述的危險性. 潛水服/防蜚服 (水母季) 將會保障自身安全, 入水時請務必穿著。

水肺潛水, 浮潛, 游泳者 醫療聲明表

所有乘客都須完成此表單

你過去是否有以下症狀?

YES NO

- | | | |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 氣喘, 發出氣喘聲, 或使用氣喘專用吸入器 |
| <input type="checkbox"/> | <input type="checkbox"/> | 大腦, 脊椎神經或神經疾病 |
| <input type="checkbox"/> | <input type="checkbox"/> | 胸腔手術 |
| <input type="checkbox"/> | <input type="checkbox"/> | 慢性支氣管炎或持續性的胸部疾病 |
| <input type="checkbox"/> | <input type="checkbox"/> | 慢性鼻竇炎 (流行性感冒/一般感冒) |
| <input type="checkbox"/> | <input type="checkbox"/> | 胸腔萎縮 (氣胸) |
| <input type="checkbox"/> | <input type="checkbox"/> | 糖尿病 |

YES NO

- | | | |
|--------------------------|--------------------------|----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 耳部手術 |
| <input type="checkbox"/> | <input type="checkbox"/> | 癲癇 |
| <input type="checkbox"/> | <input type="checkbox"/> | 昏迷或暫時性眼前昏黑 |
| <input type="checkbox"/> | <input type="checkbox"/> | 任何心臟方面的疾病 |
| <input type="checkbox"/> | <input type="checkbox"/> | 飛行時, 有復發性的耳朵問題 |
| <input type="checkbox"/> | <input type="checkbox"/> | 肺結核或長期肺病 |

你現在是否有以下問題? :

YES NO

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 呼吸困難 |
| <input type="checkbox"/> | <input type="checkbox"/> | 耳朵長期流出液體或發炎 |
| <input type="checkbox"/> | <input type="checkbox"/> | 高血壓 |
| <input type="checkbox"/> | <input type="checkbox"/> | 最近這個月有其他疾病或進行手術 |
| <input type="checkbox"/> | <input type="checkbox"/> | 耳模穿孔 |
| <input type="checkbox"/> | <input type="checkbox"/> | 你目前有進行任何藥物治療或服用藥物嗎?
(不包含口服避孕藥) |

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 潛水前八小時有攝取酒精 |
| <input type="checkbox"/> | <input type="checkbox"/> | 你是否懷孕 |
| <input type="checkbox"/> | <input type="checkbox"/> | 你知道隱瞞任何與安全潛水有所抵觸的病症會
使你的健康甚至生命陷入危險? |

你是否正在服用任何其他藥物或身體的病症未列在上述清單, 而需要讓工作人員知道的嗎?

☐ YES ☐ NO

請描述 (或出示給工作人員)

您是否有任何飛行在您的行程結束後的12-24小時? (此訊息將協助評估您的潛水次數, 潛水深度以及潛水時間)

☐ YES ☐ NO

您是否有跳傘或者是熱氣球的活動在您今日行程結束後的24小時內?

☐ YES ☐ NO

您是否曾經經歷浮潛/潛水意外事件?

☐ YES ☐ NO

您是否曾經參與任何無證水肺深潛體驗 (Introductory / Resort diving) 活動?

☐ YES 次數: ☐ NO

簽名 (Signature) :

日期 (Date) :

工作人員 (Crew Member):

會診醫師 (Doctor consulted) :

我想要參加: ☐ 免費水費深潛試練 (僅限水中技巧體驗5分鐘) * 非等同於水肺潛水 (A Complimentary Scuba dive trial)

☐ 無證水肺深潛體驗 (Introductory / Resort diving)

☐ 持證水肺深潛體驗 (Certified diving)

☐ 持證水肺深潛含導潛 (Certified diving with a dive guide)

如果您有興趣參加上述的潛水選項, 請務必告知船上的工作人員安排, 並確認價錢。

請確認您已完成本表格, 因為您的安全是我們的首要任務

Hostel Reef Trips

浮潛/游泳者

本船上工作人員皆接受過合格的緊急救護訓練課程，救援救生員技術和心肺復甦 - 氧氣復甦訓練。

我知道防寒衣/防螫服（水母季節）能拯救性命，並能防護水母螫咬以及避免溺水事件發生。

☐ YES

我將會尊重大堡礁，不破壞或站立在珊瑚礁上，並且不會觸碰任何海底生物。

☐ YES

在海洋浮潛或游泳可以是劇烈運動，所以為了確保您的自身安全以及過程中的樂趣，我們建議您下水時總是成對同行，並且保持與船身在100公尺以內的距離，以利在任何突發事件發生時工作人員可以及時地給您援助。救生員只有在您靠近船隻時才能實施有效救援。

如果您的水性不是太好，或者正接受任何物理治療，限制您在水中的活動，我們強烈建議您參加我們的浮潛觀光導覽。屆時將會有一位浮潛導覽人員攜帶著救援浮具陪同您從事浮潛活動（無需額外付費）。另外，我們建議您穿上潛水服（一來可增加您在水中的浮力，二來可保護您避免珊瑚割傷）。

在參與浮潛活動期間，如因體力不支需工作人員協助時，您可以將單臂抬起（超過頭部）在空中揮動，知會船上的安全監督人員，我們將會指派工作人員前往協助。（僅適用於緊急情況）

如果您有任何醫療病症，正在服用任何藥物，或有任何疑問，請在遞交此表格時通知我們。

The following acknowledgements, representations, terms and conditions shall form part of my agreement with Hostel Reef Trip.

1. I expressly acknowledge and agree that swimming, snorkelling, diving and boom netting carries with it some degree of risk both to person and property, and appreciating the risk, I accept and assume full and absolutely responsibility for risk of injury or damage occasioned to myself and my property whilst participating in the aforementioned activities.
2. I expressly represent to Hostel Reef Trip that:
(a) I am under no legal disability or restriction with respect to my ability to freely enter into my agreement with Hostel Reef Trip.
(b) I declare and confirm that I am physically fit and have no condition or injury that could be affected by swimming, snorkelling, diving and /or boom netting
3. I release, waive and hold harmless Hostel Reef Trip from all claims, losses, damages or expenses occasioned by me during or in conjunction with my participation in this tour including the water activities or otherwise incidental to my agreement with Hostel Reef Trips, including any claim or damages caused by the negligence of Hostel Reef Trips, together with any costs(including, without limitation, legal fees) that may be incurred as a result of any such claims, losses, damages or expenses, whether valid or not.
4. I indemnify Hostel Reef Trip against all claims, losses, damages or expenses that any one or more of my executors, administrators, heirs, next of kin, successor or assigns may have or assert against Hostel Reef Trip, together with any cost(including, without limitation, legal fees) that may be incurred by Hostel Reef Trips as a result of any such claims, losses, damages or expenses, whether valid or not.
5. The release and indemnity hereby given by me may be pleaded by Hostel Reef Trips as a complete and absolute defense to any claim which may be brought by me or by executors, heirs, next of kin, successors or assigns in any country or in any jurisdiction throughout the world.
6. I hereby consent to receive medical treatment which may be deemed necessary by Hostel Reef Trips in case of injury, accident or illness during the course of swimming, snorkelling, scuba diving and boom netting activities or otherwise, and I hereby indemnify Hostel Reef Trips in respect of the costs of such treatment.
7. My agreement with Hostel Reef Trip shall be governed by and be construed in accordance with the law of Queensland and the Commonwealth of Australia, and I submit myself to the jurisdiction of the courts of Queensland and Commonwealth of Australia.
8. The expression "Hostel Reef Trips" means Hostel Reef Trips Pty Ltd (ACN 060 804 239) which also trades under the business names "Compass Outer Reef Trips" and " Reef Encounter Enterprises", and each of its officers, employees, shareholders, contractors, agents and associates, as the circumstances may require. The expression "associates" has the meaning ascribed to it by section 11 of Australia's Corporations Law. The singular shall mean the plural where more than one person has entered into an agreement with Hostel Reef Trips.

I understand the above statement and that the information listed and questions answered are correct to the best of my knowledge. I am aware that I am visiting a World Heritage National Park, and will not intentionally harm, damage it in any way or remove anything from it. Please ask any of our friendly crew any questions you may have.

簽名(Signed) :

日期 (Date):.....

嬰兒名子（4歲以下） :

父母/監護人簽名（18歲以下）: