Passenger Pre-Boarding Confirmation & Consent Form (For Patients)

•Passenger Name (Patient):

•Patient Passport No.:

•Guardian Name:

•Guardian Passport No.:

▶ Notice of Risk Information

1) If a patient wishes to board the vessel, a medical certificate issued by a physician must be submitted in advance, and the Company must assess whether the patient is fit to travel by vessel. Boarding may be refused if the patient is deemed unfit for safe travel. The medical certificate must state whether the patient is medically fit to travel by sea for a period of at least 25 hours.

2) The voyage between Donghae and Vladivostok takes approximately 24 hours. Depending on weather conditions, the vessel may roll heavily, and such conditions may adversely affect the patient's health. In addition, no qualified medical personnel (doctors or nurses) are carried on board, and the vessel is not equipped with sufficient medical equipment or medicines to deal with emergencies.

3) Even in an emergency requiring medical examination or treatment, the patient cannot be transferred to a medical facility until the vessel arrives in the destination country. Consequently, a considerable amount of time may elapse before the patient can receive appropriate medical examination and treatment.

CONSENT AND ACKNOWLEDGMENT

To: DUWON SHIPPING CO., LTD.

I confirm that I have carefully read and fully understood the above information, agree to its contents, and request permission to board **EASTERN DREAM** on the following date:

Date of Boarding: _____ / _____ / _____

I acknowledge and agree as follows:

- I agree that, if any adverse effect on my health, including deterioration of my condition or death, occurs in connection with my travel on the above voyage, whether before, during, or after maritime transportation, I will not hold DUWON SHIPPING CO., LTD., its officers, employees, assistants, or agents liable.
- The patient's guardian assumes full responsibility for preparing the necessary equipment and ensuring the continuous supply of oxygen and proper management of drainage tubes, as required for the patient's boarding. The guardian undertakes to implement all necessary safety measures diligently.
- I consent to the attending physician providing the Company with the relevant medical information required to assess my fitness to travel by vessel, and agree to release the attending physician from their professional duty of confidentiality with respect to such information.

- I agree that the patient and the patient's guardian shall bear full responsibility for all evacuation, transportation, and medical treatment costs arising from unforeseen emergencies, including death, during the use of the vessel.

Date: _____ / _____ / _____

Patient's Signature_____

Guardian / Authorized Representative's Signature_____

▶ **PATIENT'S CONDITION AND BOARDING ARRANGEMENTS**

1) Ability to Walk

The vessel is not equipped with a passenger lift. The patient must be able to board the vessel by walking up the stairs. Can the patient walk and board the vessel independently? **Yes ( ) / No ( )**

**If the patient is unable to walk independently, the passenger must make their own ambulance arrangements at both the port of departure and the port of arrival.*

2) Ability to Breathe Independently

Can the patient breathe independently without assistance? **Yes ( ) / No ( )**

**If an oxygen concentrator, oxygen breathing apparatus, or oxygen cylinder is required, the passenger must provide a sufficient supply of oxygen cylinders to last for the entire voyage (at least 25 hours).*

3) Prior Disclosure of Ambulance and Personnel Information (Complete only if applicable)

If the patient needs to be transported by an ambulance independently arranged by the passenger to the area immediately in front of the vessel within the restricted-access port area, do you consent to providing the Company in advance with the vehicle registration number and the relevant driver's information?

Yes ( ) / No ( )

Name of Registered Hospital / Attending Physician	
Hospital Telephone Number	
Emergency Contact (Name and Relationship to Patient)	
Emergency Contact Number at Destination	
(For ambulance access to the restricted area) Vehicle Registration Number& Driver's and Emergency Medical Personnel's Affiliation, Name, Contact Number, and Address:	