

RIDE OF HONOR MEDICAL QUESTIONNAIRE

Name: _____

Please explain all "YES" answers. Give us as much information as necessary to insure the medical personnel on the trip will be able to assist you, if necessary. All of this information is confidential and will be with the medical personnel only. It will be shredded after the trip. We are only asking these questions to insure we provide you with the best and safest trip as well as taking care of any of your needs.

BLOOD TYPE: _____ Date of Birth: _____

1. Do you have a problem with motion sickness? (Riding in a car, etc) YES NO

2. Do you have any breathing problems or use oxygen at any time? YES NO

3. Will you be bringing portable oxygen with you? YES NO

4. Do you use a cane, walker, crutches or wheelchair? YES NO

5. Would you have a problem walking the length of a football field
without assistance? YES NO

6. Can you walk up steps? YES NO Would you need assistance? YES NO

7. Do you have a history of epilepsy or seizure disorders? YES NO

8. Do you suffer from diabetes? YES NO Do you require medications? YES NO

9. Have you suffered a heart attack? YES NO

10. Do you have any food allergies we need to be aware of for meals? YES NO

11. Drug allergies? YES NO

12. Any other medical problems we need to be aware of? YES NO

REMEMBER TO BRING ANY MEDICATIONS YOU MIGHT NEED TO TAKE WHILE ON THIS TRIP.