

Medical Form

Please complete

Month/Date/Year

Name _____ Birthdate _____ / ____ / ____

Street _____ Telephone _____

City, State, ZIP Code _____ Cellphone _____

E-Mail address: _____

Name of Trip _____

Do you have any medical conditions or allergies that the Tour Director should know about?

Please list: _____

Medications? Please list: _____

To make sure that we meet all your needs at the hotels and admissions, are there any physical limitations we should be aware of: _____

Name of Physician _____

Address of Physician _____

Office Phone _____

Medical Insurance Company _____

Insurance Card Number _____

In case of emergency, please contact:

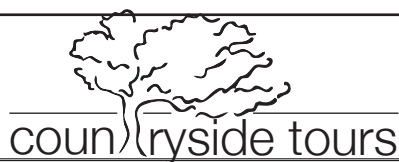
Name _____ Relationship _____

Street _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____

Our records show that you either do not have a medical form on file or your current one has expired. Please complete this form and return it to our office. This form is strictly confidential and for our office use only. If you have any questions, please do not hesitate to call. Thank you.



P.O. Box 48, Sand Lake, MI 49343-0048 • Telephone (616) 636-4628

For Office Use Only: Date Received _____ ***Date due to Expire*** _____