

OLLI MEDICAL INFORMATION FORM

[Please complete and carry in your person during every event. Copy your insurance card on the reverse side]

NAME _____

In an emergency, please notify:

Name: _____ Relationship: _____

Home Phone: _____ Cell/Other: _____

Primary Physician

Name: _____ Phone: _____

Pertinent Medical History [things an EMT needs to know]:

Date of Birth: _____

Blood Type: _____

Allergies: [If allergic to bees, please be sure your somebody else on the hike knows and bring necessary medication on all hikes.]

Respiratory problems? Asthma? YES NO [If yes, is asthma well controlled with an inhaler? If so, please bring an inhaler on all hikes and make sure a hiking buddy knows what triggers an attack and where your inhaler is located.]

Diabetes? YES NO Heart Condition? YES NO

Subject to seizures, dizziness or fainting? YES NO

Date of Last Tetanus Shot: _____

Medications you are currently taking: _____

Herbal supplements you take regularly: _____

[Please alert your event leaders if there is anything they should know about you before you go out with the group. Thanks.]