

GOODTIME GETAWAYS - CONFIDENTIAL MEDICAL HISTORY

Please complete all the questions, sign the form, fold it up, tape it closed or place it in a sealed envelope. Be sure to put your name on the outside of the form or the envelope and give it to the trip escort on the day of departure. Forms will be opened only in the event of a medical emergency. At the end of the trip you may have the form back or leave it on file with Goodtime Getaways for future travels. Thank you.

Name: _____ Date of Birth _____

Telephone(s) _____

Emergency Contact _____ Relationship _____

Telephone(s) _____

Physician's Name _____ Telephone _____

Address: _____

Are you currently under a physician's care: _____ If so, please explain: _____

Do you take any medications on a regular basis: _____ If yes, please list medications and reason prescribed: _____

Have you been hospitalized recently: If so, please give date and reason: _____

Do you have any allergies to medications, foods, substances, etc. If so, please list and describe treatment: _____

Do you have: High Blood Pressure _____	Diabetes _____
High Cholesterol _____	Chest Pain _____
Irregular Heartbeat _____	Emphysema _____
Lightheadedness/Fainting _____	Epilepsy _____
Asthma _____	Other _____

Is there any other information that would be helpful in event of a medical emergency? _____

Signature: _____ Date: _____