



MEDICAL FORM – VOLUNTEER/GUARDIAN

FIRST NAME

MIDDLE NAME

LAST NAME

This information is necessary so that we may provide you with appropriate medical support during your trip. This information is for the Honor Flight medical team only and will remain confidential. Please fill out this page completely. If something does not apply to you, please write N/A or NONE. **Do not leave any questions blank.**

List any **drug allergies**:

What type of reaction for each individual drug?

List any **food allergies**:

What type of reaction for each individual food?

Do you use a **CPAP** Machine? (may bring with you)

YES or NO

Please list other medical conditions:

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Day: _____ Evening: _____ Cell: _____

Email: _____

MEDICATIONS-Please list

_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____