



CONFIDENTIAL MEDICAL QUESTIONNAIRE

TEAM MEMBER MEDICAL INFORMATION

The information on this form will be used in the event of a crisis or emergency and will remain in the possession of a SBSG staff member and reviewed by an RN. Please give full disclosure, this is for your protection in the event of a medical emergency.

Name of Team Member _____ Phone # _____

Team Member's D.O.B. _____ Blood Type _____

Family Doctor's Name _____ Phone # _____

Family Doctor's Address _____

- | | | |
|---|-----|----|
| 1) Are you under a doctor's care for current medical issues? | Yes | No |
| 2) Do you have any condition requiring special medical consideration? | Yes | No |
| 3) Psychological or emotional disorders, limitations? | Yes | No |
| 4) Have you sustained any injury that may limit physical activity? | Yes | No |
| 5) Are you on a special diet that has been prescribed by a doctor? | Yes | No |
| 6) Have you had major surgery in the past 3 years? | Yes | No |

If answered yes for any of the above, please explain. (Attach a separate sheet of paper if necessary)

List all medications you use. **This includes medication you are taking for this trip.**

Provide information on dosage, frequency, and reason for using all medication: Ex.

Malarone/Daily/Malaria prevention

Medication/Dosage	Frequency	Reason for usage

List any known allergies: medicine (penicillin, aspirin, iodine, acetaminophen, sulfa, other drugs); foods (dairy, wheat, other foods); contact with substances (plants, soaps, other substances); animals, insect bites/stings. Write on the back of this form, if necessary.

Allergy	Reaction	Medication/Treatment

Has your reaction ever required emergency room care? Yes No

Have you purchased International Travelers' Insurance? Yes No

If **yes**, please submit a copy with your medical form.

If **no**, please note that **you will need to acquire International Travelers' Insurance** covering medical issues while abroad and bear any costs arising from accidents and/or illness.

Is there anything else we should know about your health?

Signature _____

Date _____

Please sign and return to:

SBSG

2230 Lake Park Dr. Sp166

San Jacinto, CA 92583

(951) 808-2512

Or Email:

janrob2000@aol.com