

American History Projects (AHP)

Medical History Form

We want to welcome you to AHP. Please help us make your tour a success by answering the following questions. This will assist our Tour Leader and Medical Personnel should unforeseen health issues arise.

Name: _____ Tour: _____

Address: _____ Phone #: _____

E-Mail: _____

Are you a veteran? Yes : WWII Pacific WWII Europe Korea Cold War Vietnam GWOT

Other: _____

Your Emergency Point of Contact Information:

First Name: _____ Last: _____ Home Phone #: _____

Cell Phone #: _____ e-mail: _____ Relationship: _____

Relationship address: _____

Do You Require? Cane ___ Walker ___ Wheelchair (W/C) ___

Respiratory Problems? Yes ___ No ___ Need or use oxygen? Y ___ N ___ Blood Type: _____

Medication Allergies: _____ Food Allergies: _____

Illnesses being treated: _____

LIST ALL MEDICATIONS: Please bring your medications in their ORIGINAL BOTTLES and pack in your **CARRY ON***** luggage.***

Medication: _____ Dosage: _____ Reason: _____

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List any other medication and/or other major health concerns on the next page of this form.

Name of traveling companion(s) _____
(Travelling companions must fill out a separate form)

Note: Travelling companion, in most cases, will be assigned the same room as the veteran requiring assistance.

Note: For Iwo Jima/Korea/Pacific tours, it is suggested that veterans spend one resting day on the west coast (LAX or San Fran) before and immediately following the extended overseas flights.

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Please list other medications and other health concerns here: