

IJAA Association
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: _____

Medication: _____ Dosage: _____ Reason: _____

Medication: _____ Dosage: _____ Reason: _____

Medication: _____ Dosage: _____ Reason: _____

Medication: _____ Dosage: _____ Reason: _____

Medication: _____ Dosage: _____ Reason: _____

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.

IJAA Association
Medical History Form

Please list other medications and other health concerns here: