



MAVtravel LLC Medical Form

Name: _____ Age: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

HEALTH HISTORY

Are there any health conditions or disabilities which might impair your full participation on this trip or which should be brought to the attention of the MAVtravel tour leader in order to insure your safety and health?

†If you have a specific physical, mental or learning disability and require accommodations or modifications to the program, please inform your program leader as soon as possible.

Are you using any medications? If so, name them, state your reasons for using them and indicate the dosage and frequency of use.

Are you allergic to any of the following: (please list)

medications: _____

foods: _____

insect bites/stings: _____

other: _____

Immunizations taken for this trip: _____

*Check with your physician to make sure that all basic immunizations are up to date.

**MAVtravel LLC reserves the right to request additional medical information or physician approval as needed.

AUTHORIZATION AND MEDICAL RELEASE

I have completed the above information truthfully to the best of my knowledge. In case of emergency, I give my permission for the MAVtravel LLC tour director to assist me, or if necessary to act on my behalf, either to seek medical care or to insure my safety.

Traveler's Signature: _____ Date: _____

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IF PARTICIPANT IS UNDER 18, PARENT SIGNATURE IS REQUIRED!

Father's or Mother's Name: _____ Date of Signature: _____

Signature of either parent: _____