SV Sophie

Hallberg-Rassy 412, Hull No. 30

Hallberg-Rassy

Pre-cruise health record

Voyage name/geography:			Departure date:		
Last name:	First:	Middle:	Birthdate (MM/DD/YY): / /	Age:	Sex: ❑ M ❑ F
Street address:	City:		State:	ZIP Code:	
Home phone:	Work phone:		Cell phone:		
Email:					

Emergency contact name:	Relationship:	Physician name:	
Home phone:	Cell phone:	Email:	
Email:		Office phone:	FAX:

You are responsible for any medical expenses and should be covered by your own health and accident insurance

Do you have insurance? ❑ Yes ❑ No	Insurance company:	Phone:
Do you have Prescription insurance? ❑ Yes ❑ No	Policy no.:	Group no. (if applicable):

Allergy (stings, bites, medications, other)?:	Reaction:	Medication required (if any):
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Medications being taken (incl OTC):	Taken for (symptom/condition):	Dosage:	Date started:	Side effects (if any):
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Please describe any physical/ mental/ medical conditions (including current pregnancy, etc.) or medical history that might affect your participation

Signature: Date: