

Freedom Rowers

P. O. Box 3086
Easton, Maryland

410-829-1691

Name: _____

Medical Information

How would *you* describe your present health status?

List prescription and non-prescription medications you are taking.

Describe any drug sensitivity and/or allergies.

Describe any food allergies such as peanuts or shellfish. If you have any, what medical needs must we have to ensure your safety?

Describe any environmental allergies such as poison ivy or severe reaction to bee stings or sea nettles. If you have any, what medical needs must we have to ensure your safety?

Describe any breathing problems such as asthma. If you have any, what medical needs must we have to ensure your safety?

Describe any chronic health problems such as diabetes or epilepsy. If you have any, what medical needs must we have to ensure your safety?

Describe any reaction you may have had from sustained exertion such as exercise-induced asthma or heat exhaustion.

Describe any equipment, such as a brace or hearing aid or glasses, you need.

Describe any surgeries so that we can assist you with ensuring your safety.