



PBCI SENIOR – MEDICAL TRAVEL FORM

Registered and Paid Participants Only

Name: _____ DOB: _____

Address: _____ Phone: _____

_____ Zip: _____

Non Accompanying Emergency Contact: _____

Address: _____ Relationship: _____

_____ Phone: _____

Health Insurance

Provider: _____ Group No. _____

Member ID: _____

- Do you have any medication allergies? Yes _____ No _____

If yes, identify: _____

Medication List:

Name: _____ Prescribed Use: _____

Two (2) sided document

- Do you have an ongoing medical condition? Yes ___ No ___ If yes, what is your diagnosis? _____
- Are you a diabetic? Yes ___ No ___ If yes, what type? 1 _____ 2 _____
- Are you insulin dependent? Yes ___ No ___
- Do you have any cardiovascular implants such as a pace maker, valve, defibrillator or stents? Yes ___ No ___ If yes, please identify: _____
- Have you been hospitalized within the past 12 months? Yes ___ No ___ If yes, what was the diagnosis? _____
- Are you oxygen dependent? Yes ___ No ___
- Are you able to walk long distances at a slow pace? Yes ___ No ___
- Do you depend on a mobility device? Yes ___ No ___ If yes, what kind? _____
- Do you have a seizure disorder? Yes ___ No ___ If yes, mode of action: _____
- Do you wear glasses or contacts? Yes ___ No ___
- Do you wear or use a hearing aid? Yes ___ No ___
- Do you have a DNR? Yes ___ No ___ If yes, please submit or attach a copy**
- Date of last tetanus shot: _____ Flu Shot: _____ Blood Type: _____

Pharmacy: _____

Address: _____ Phone: _____

_____ Zip: _____

Primary Physician: _____ Phone: _____

Address: _____ Zip: _____

Physician Declaration/Statement:

I hereby declare that _____ (Print Name)

Is under my care and his/her health is clear to the best of my medical knowledge to travel outside of the United States with the Poarch Band of Creek Indians employees along with other senior citizens to participate in sponsored events without any medical conditions that may interfere. This information is true and correct.

_____ **Date:** _____

(Physicians Signature)