

The 2018 Clagett Regatta and the U.S. Para Sailing Championship Medical Form

The following information is collected solely for the unlikely event of an emergency, and is fully removed from the system once the event is complete.

* Required



Emergency Medical Information

Please answer each question below

1. **First Name ***

2. **Last Name ***

3. **Date of Birth ***

Example: December 15, 2012

4. **Emergency Contact ***

5. **Emergency Contact's Phone Number ***

6. **Date of last Tetnus/Diphtheria ***

Example: December 15, 2012

7. **Auto Epi Injector Recommended? ***

Mark only one oval.

Yes

No

8. Please list current medical condition(s) *

9. Please list special medical conditions or needs that require special attention *

10. Please list medications currently used and dose *

11. Please list allergies (food, medical etc... if applicable) *

12. Please provide name and contact info of your personal physician who we may contact for advice or in an emergency *

13. Will you be bringing a Service Animal? *

Mark only one oval.

- Yes
 No

14. If yes "I am bringing a Service Animal" what kind is it?

15. If yes "I am bringing a Service Animal" will it need a handler while you are sailing?

16. Any additional information we should know?
