MEDICAL AND EMERGENCY INFORMATION

(This sheet must be completed and brought with you to your US SAILING Training Course.)

NAME:_____ SEX ___(M) ___(F)

ADDRESS:_____
Street/P.O. Box City State Zip

TELEPHONE _____(R) _____(B) DATE OF BIRTH: _____

PHYSICAL HANDICAPS (Please specify missing or injured body parts, weakness, eyeglasses, contacts, hearing aids, etc.)_____
_____

Please check (X) those that apply: (Provide necessary details on reverse side of this sheet.)

{PRIVATE } **CHRONIC AILMENTS:**		**ALLERGIES:**	
ASTHMA, OR OTHER RESPIRATORY PROBLEMS		MEDICATION	
DIABETES OR HYPOGLYCEMIA		BEE STINGS/INSECT BITES	
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS		FOODS	
CIRCULATORY OR HEART PROBLEMS		OTHERS, IF SIGNIFICANT	
EPILEPSY			

DATE OF LAST TETANUS SHOT _____ BLOOD TYPE _____

CURRENT MEDICATIONS IF ANY:_____

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

NAME	**PHONE NUMBER**	**DATE OF LAST EXAM**

HEALTH INSURANCE CARRIER	**INSURANCE ID NUMBER**

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

IN CASE OF EMERGENCY CALL:

{PRIVATE } **NAME**	**RELATIONSHIP**	**PHONE NUMBER**

SIGNATURE OF APPLICANT: _____ DATE: _____
If over 21, Signature of Participant; If under 21, Signature of Father, Mother or Guardian

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