



# Medical Form

*Please read and answer the following questions regarding your medical history. After reading and answering these questions, sign and return the form. This form will help us to identify and respond to any emergencies that may arise. The program requires plenty of walking, climbing stairs, and getting on/off buses. If you have a health or physical condition, please explain in detail about your condition. Also, please attach a copy of your vaccine record.*

1. List any illness or disabilities that may require medical attention during your week in Washington, DC.

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2. List any medications that you are currently taking. Please also indicate the dosage.

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3. List all known allergies.

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4. Last Known Tetanus shot?

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5. To the best of your knowledge, are you pregnant?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how many weeks? \_\_\_\_\_

6. Do you have medical insurance? If you have insurance, please attach a copy of your insurance card to this form.

Yes \_\_\_\_\_ No \_\_\_\_\_

7. In case of an emergency, who should we contact? \_\_\_\_\_

Parent/Guardian Name

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mobile Number \_\_\_\_\_

***This form must be submitted along with delegates information. EDLP covers up to \$1000.00 in emergency care in the event that delegates lack the appropriate insurance to cover emergency cost.***

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Delegate's Name

Date

Signature