

Group: \_\_\_\_\_

## Supplemental Medical Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please inform us of any changes in your current health status or medications that we should include as an update to the medical form that you have provided.**

### New stuff since your med form was submitted only.

- No, Nothing new to report**
- Yes, I have new Stuff**  
(Add info below)

**NEW HEALTH STATUS INFO:** Please indicate if you have any **NEW** medical condition or physical injuries and/or disabilities that could interfere with or limit your participation in the trip. *(use back as needed)*

**NEW MEDICATION INFO:** Please indicate any **NEW** medications you are currently taking (other than allergy medications), for what condition, and whether you will need to take it during the trip. *If you need to take medication during the trip, be sure you have an ample supply. (use back as needed)*

Medication	Condition	Do you need this during the trip?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**ANY OTHER INFO:** Is there is any other relevant information that we should now about that we have not asked specifically?

**I acknowledge that failure to provide pertinent information may result in an injury or compound the damage of an injury. Health Services is available for consultation, please let us know if this would be helpful to you.**

Signature

Date