

**Medical History Form
 OVIASC (Old Vero Ice Age Sites Committee)
 2017**

NAME:

<u>Last</u>	<u>First</u>	<u>Middle Initial</u>		
<u>Permanent Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>
<u>Person to Notify in Emergency</u>		<u>Relationship</u>	<u>Phone</u>	

List any Medication/Drugs that may restrict your activities at the site.

Other Conditions or Concerns that may restrict your activities at the site.

I certify that the information given on this form is true and correct, and I have no abnormality, restriction not mentioned on this document. Should I require emergency medical treatment as a result or illness arising during tour or volunteer work at the site, I consent to such treatment.

Signature

Date Signed