

**Medical History Form  
 OVIASC (Old Vero Ice Age Sites Committee)  
 2019**

**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**