

Hearthstone Travel Culinary & Cultural Journey in Oaxaca • Nov. 14–22, 2014



• HEALTH FORM •

FIRST: _____ LAST: _____ BIRTH DATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER: _____

SIGNATURE: _____

1. Non-smoker Smoker

2. Blood Type (if this is easily available): _____

3. Do you have a cat allergy? Yes No

4. Do you have any health conditions (**e.g., chronic conditions, allergies...please be specific**) or special circumstances (e.g., religious convictions or legal arrangements) that we ought to know prior to emergency treatment? Yes No
If yes, please explain, including any current medication. **IMPORTANT! If you have had any episodes of dehydration, altitude sickness, or allergic attacks—even if they have been in the distant past—please note this along with approximate year:** _____

5. Whom should we notify in case of an accident or medical emergency? List an individual other than traveling companion.
Name: _____ Relationship: _____
Address: _____
Phone Number: _____

6. Is there a physician we should consult in case of an accident or medical emergency?
Name: _____
Address: _____
Phone Number: _____

7. Please list the name of your health/accident insurance carrier(s) & policy numbers:
Name of Carrier: _____ Policy #: _____

*** Registration Is Not Complete Until This Form Is Returned ***

RETURN IMMEDIATELY to Hearthstone Travel, 17 Fairbanks Road, Colrain, MA 01340
or email to hearthstonetravel@gmail.com