

Hearthstone Travel in Oaxaca, Mexico  
Day of the Dead Celebration  
October 29 to November 5, 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](mailto:hearthstonetravel@gmail.com)