



OFFSHORE POWERBOAT ASSOCIATION

799 Route 70 East, Brick Township, NJ 08723

2013 MEDICAL INFORMATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BOAT NAME: _____ POSITION: _____

BIRTH DATE: _____ BLOOD TYPE: _____ SS # _____

DATE WHEN LAST RECEIVED TETANUS SHOT _____

ANY ALLERGIES TO MEDS? IF YES, PLEASE LIST _____

PRESCRIPTION MEDS CURRENTLY ON? _____

DOCTOR: NAME: _____ PHONE #: _____

MEDICAL HISTORY: _____

HISTORY OF SEIZURES? _____ TAKEN/ING CORTISONE/STEROIDS ___YES ___NO

CURRENT OVER THE COUNTER MEDICATIONS? _____YES _____NO

IF YES, PLEASE LIST: _____

INSURANCE COMPANY: _____ POLICY# _____

WHO CAN CONSENT FOR TREATMENT? _____

RELATION: _____ PHONE#: _____

EMERGENCY CONTACT: _____

RELATION: _____ PHONE#: _____

Other Specifics for Rescue Personnel: _____

SIGNED: _____ DATE: _____