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# PATRAM<sub>TM</sub>

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## **Participant Health Conditions Questionnaire & Liability:**

The following information and answers are for PaTRAM<sub>TM</sub> Administration use ONLY. Please **print** clearly and legibly.

- 1) Do you have any allergies we should be made aware of?  
Examples: Food allergies, seasonal allergies, insect or animal allergies.
  
- 2) Are you currently taking any prescription medicine that we need to be made aware of?  
Examples: epi pen, diabetic needles, prescription drugs that you need to take daily, etc... Provide copies of all prescriptions you will be carrying.
  
- 3) Do you have any immediate diagnosed phobias or psychological conditions that may cause you to be uneasy during travel?
  
- 4) Do you carry health insurance documents? Please provide copies if so.

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# PATRAM™

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*Signing of this document indicates that you, the participant, have informed PaTRAM™ of the above health conditions or concerns but do not hold PaTRAM™ responsible or liable for these indications as stated in your submitted legal release form.*

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Signature of Participant

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Print Name - Date

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Parent or Guardian if under 18y.o.

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Print Name - Date

