
PATRAM™

Participant Health Conditions Questionnaire & Liability:

The following information and answers are for PaTRAM™ 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.



PATRAM™

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.

Signature of Participant

Print Name - Date

Parent or Guardian if under 18y.o.

Print Name - Date

