



PNW 2023 Spring Summit MEDICAL INFORMATION FORM

Registrant's Name _____ Cell Phone (____) _____

Address _____
(Street) (City) (State/Province) (Postal Code)

Country _____ Date of Birth ____/____/____ Age _____ Gender _____

Circle K Club _____ District _____

Person to be contacted in case of emergency _____

Relationship _____ Home phone (____) _____ Work phone (____) _____

Alternate Contact _____ (____)
(Name) (Relationship) (Phone)

Name of Doctor _____ Phone number (____) _____

Doctor's Address _____

Name of Health Insurance Co. _____ Policy Number _____

List any other pertinent information as shown on insurance card _____

List any medication you will be taking during the convention _____

Please answer yes or no to the following items:

1. Have you ever been treated for: (If currently being treated, please indicate)

- | | |
|----------------------------------|---|
| A. Nervousness _____ | H. High Blood Pressure _____ |
| B. Any Mental Disorder _____ | I. Severe or Frequent Headaches _____ |
| C. Convulsions or Epilepsy _____ | J. Asthma _____ |
| D. Fainting Spells _____ | K. Ulcers _____ |
| E. Heart Condition _____ | L. Diabetes _____ |
| F. Rheumatic Fever _____ | M. Allergic Reaction to Medication _____ |
| G. Cancer or Tumor _____ | N. Any Other Allergies or Illnesses _____ |

2. Do you have any other physical limitations? _____

Give details of yes answers to any of the questions above. Give dates of treatment and names and addresses of attending physicians, hospitals, and clinics. (Use reverse side if necessary.)

PLEASE READ CAREFULLY

I hereby certify that the information given above is correct. In case of medical emergency, I understand that every effort will be made to contact the person(s) designated above. In the event that the aforementioned contact person(s) cannot be reached or time does not permit, I hereby give permission to a licensed physician to provide proper treatment, including hospitalization, immunization or injection, anesthesia, or surgery.

Signature _____ Date _____