

**MEDICAL CONDITION FORM**

Family/Reservation Name \_\_\_\_\_

Date of Visit \_\_\_\_\_

Name of Visitor with Condition \_\_\_\_\_

Basic Description of Condition:

In which part, if any, of the Overnight Program do you not wish to/will not be able to participate:  
(Reminder: COBIA does not have wheelchair access. The submarine is a National Historic  
Landmark and exempt from laws pertaining to handicap access.)

Please list any allergies the individual may have:

Please list any medications being used by the individual:

If there is any other information that may be helpful to the health or safety of the individual or  
the individual's enjoyment of the program, please make a note of it below.