



**USS COBIA “*The Nation’s Most Completely Restored WWII Submarine*”
Overnight Education Program**

MEDICAL CONDITION FORM

(Please note: this form is only required for conditions that the staff would need to be aware of to plan the Overnight Program, not all participants will need to fill this out)

Group Name : _____

Date of Visit : _____

Name of Visitor with Condition : _____

Basic Description of Condition:

In which part, if any, of the Overnight Education Program do you not wish to/will not be able to participate? (Reminder: The 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 to the individual’s enjoyment of the program, please make a note of it below.