National Veterans TEE Tournament
TRAINING : EXPOSURE : EXPERIENCE

PARTICIPANT REGISTRATION FORM -- GENERAL MEDICAL INFORMATION
2008 TEE TOURNAMENT

1. NAME:_____
(Last) (First) (Middle Initial)

2. ALLERGIES: _____

3. MEDICAL CONDITIONS:

[ ] Arthritis
[ ] Breathing conditions
[ ] Diabetes
[ ] Heart disease
[ ] High blood pressure
[ ] Other (please specify)

[ ] Psychological conditions
_____PTSD
_____Anxiety
_____Depression
[ ] Seizures
[ ] Stroke

4. LIST ALL MEDICATIONS, INCLUDING ASPIRIN:

5. PLEASE LIST ANY DIETARY RESTRICTIONS YOU HAVE:

6. PHYSICAL LIMITATIONS:

_____

7. SPECIAL EQUIPMENT NEEDS:

[ ] Wheel chair Are you bringing? Yes_____ No_____
[ ] Oxygen Are you bringing? Yes_____ No_____
[ ] Other (list) Are you bringing? Yes_____ No_____

8. Do you have a living will/durable power of attorney for health care decisions? If yes, please attach a copy to this form. Yes_____ No_____

9. Are you a registered organ donor? If yes, please attach a copy of organ donor card to this form. Yes_____ No_____

10. **Remember to bring a list of your <u>current</u> medications** with you to the TEE Tournament.