

# Medical Condition Form

Group Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Name of Visitor with Condition: \_\_\_\_\_

Basic Description of Condition: \_\_\_\_\_

Please explain how this condition will affect your visit to the Great Lakes Naval Memorial and Museum, any limitations on your participation, and any modifications or special assistance you will require from our staff. (Reminder: The museum's vessels are not handicap accessible. The submarine is a National Historic Landmark and is therefore exempt from the Americans with Disabilities Act's accessibility provisions, and all related legislation.)

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Please list any allergies or concerns the individual may have:

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Please list any medications being used by the individual:

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If there is any other medical information that may be relevant or necessary for museum staff or emergency personnel to be aware of in case of emergency, please list such information below.

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