

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 USS SILVERSIDES Submarine 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.)

Please let us know if you use a CPAP machine at night:

Please list any allergies or concerns the individual may have:

Please list any medications being used by the individual:

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.

