PILGRIM HEALTH AND MEDICAL
INFORMATION FORM

Please complete this confidential form before your pilgrimage. Information is used only for trip safety, reasonable support, and emergency response. Update Lëb Experience if anything changes before departure.

PARTICIPANT AND PILGRIMAGE

Full legal name

Date of birth

Preferred name

Email

Mobile phone

Pilgrimage destination or group

Emergency contact name

Relationship

Emergency contact mobile phone

HEALTH INFORMATION

Medical conditions or relevant health history

☐ No ☐ Yes *If yes, please specify below.*

Current medications

☐ No ☐ Yes *If yes, please specify below.*

Mobility accessibility or other support needs

☐ No ☐ Yes *If yes, please specify below.*

INSURANCE AND CARE CONTACTS

Health insurance provider

Policy or member number

24 hour assistance phone

Primary care physician

Phone

ACKNOWLEDGEMENT

☐ I confirm the information above is accurate and complete to the best of my knowledge.

☐ I understand the pilgrimage may include extensive walking, stairs, uneven terrain, prolonged standing, and other physical exertion.

☐ I understand Lëb Experience is not a health care provider, and I am responsible for managing my health and medical needs.

☐ In an emergency, I authorize Lëb Experience to share this information with trip leaders and health care providers as needed.

Lëb Experience does not provide medical advice or treatment. Emergency assistance may involve local providers.

Typed full name electronic acknowledgement

Date