

Medical Form

**EMMAUS RETREAT
MEDICAL QUESTIONNAIRE**

Name: _____ Date: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Home Phone () _____

Emergency Contact: _____

Phone () _____ Relationship: _____

Age: _____

Special Diet Concerns or Food Allergies?

Please list any medical condition that you may have that may or may not affect your ability to fully enjoy and participate in the Emmaus weekend. Please list any medical situation you may have (physical, emotional, or mental) so that we may better assist those who are applying. Please be assured that all information we receive will be held in strict confidentiality and will only be used on a "need to know" basis. Please call the Emmaus Coordinator if you have any concerns regarding this questionnaire. All applications are *seriously* considered.

Please fill in the following:

I, _____ understand that the Emmaus Program is not responsible for any information not shared.

Date: _____