



**USS COBIA “*The Nation’s Most Completely Restored WWII Submarine*”
Overnight Education Program**

MEDICAL CONDITION FORM

Group Name : _____

Date of Visit : _____

Name of Visitor with Condition : _____

Basic Description of Condition:

In which part, if any, of the Overnight Education Program do you not wish to/will not be able to participate? (Reminder: The COBIA does not have wheelchair access. The submarine is a National Historic Landmark and exempt from laws pertaining to handicap access.)

Please list any allergies the individual may have:

Please list any medications being used by the individual:

If there is any other information that may be helpful to the health or safety of the individual or to the individual’s enjoyment of the program, please make a note of it below.