

PHILADELPHIA ZOO TRIP MEDICAL REPORT FORM
(To be completed by Zoo Leader/ Host accompanying traveler)

Trip: _____ Date(s): _____

Please document the particulars of any major/minor accident or medical emergency that arise during the trip. Return the completed form ASAP to Bert DeVries, Philadelphia Zoo, upon your return.

1. Name of injured or sick party: _____ Gender: ___ Female ___ Male

Traveling alone? Yes ___ No ___ If not traveling alone please note the name of the person with whom he or she was with and the relationship to this person? Name:

Relationship:

___ Spouse ___ Daughter ___ Son ___ Grandson ___ Granddaigjter ___ Aimt ___ Uncle ___ Friend

2. Nature of problem: _____

3. Was the person willing to seek medical attention? ___ Yes ___ No If NOT, why not?

4. Location of accident, time of day, weather conditions (if pertinent): _____

5. Cause of accident or illness as you understand it. If illness, was the condition a pre-existing one? ___ Yes ___ No Was this noted on their personal information form? ___ Yes ___ No

6. Name(s) and address(es) of witness(es) if pertinent: _____

7. Name of place and phone number where medical treatment was administered: _____

8. What treatment was rendered? _____

9. Did person return to hotel? ___ Yes ___ No if **yes** at what time? _____

Or, did person return to U.S or to his/her home? ___ Yes

When and by what means? _____

10. What portions of the trip, if any, were missed due to condition? _____

11. Was the medical insurance carrier notified? ___ Yes ___ No If **yes** when? _____

12. Host's impression of the overall condition and attitude of sick or injured traveler? _____

Host's/Leader's Name: _____ Date: _____

Please Print

Host's/Leader's Signature: _____