



Please submit a recent photo of the traveler when returning this paperwork.

Trip Location: _____

Trip Date: _____

General Information:

Traveler's name as listed on ID (first and last name only) _____

Street address: _____ City _____ State _____ Zip Code _____

Phone _____ E-mail _____

Gender: (must be listed as male or female for booking purposes, use pre-surgery gender if applicable): _____

Date of Birth _____ (MM/DD/YYYY) Age _____

Airport of choice (If not Minneapolis/St. Paul, other fees may apply) _____

Type of Identification being used by traveler (please read descriptions next to each ID form)

REAL ID: ____ (for all domestic travel)

Enhanced ID: ____ (for all domestic travel, cruises starting and ending in US ports, and Mexican and Canadian land crossings)

Passport: ____ (for all domestic and international travel)

Regular state ID/driver's license: ____ (not accepted for flights, cruises or international travel)

If using a Passport or Enhanced ID for international or cruise travel please provide this additional information: Expiration date: _____

ID/Passport number: _____

Contact Information:

Legal Guardian/Conservator Information

Name _____ Phone _____

Street address: _____ City _____ State _____ Zip Code _____

Relationship to traveler _____ E-mail _____

Residential Contact Information (if applicable)

Name _____ Phone _____

Street address: _____ City _____ State _____ Zip Code _____

Relationship to traveler _____ E-mail _____

Staff to Traveler Ratio Please explain if other than 1:4 (additional fees may apply)

_____ 1:4 (or less) _____ 1:1

Behavioral Concerns (check all that apply):

If traveler has any behavioral concerns please complete the "behavioral Support" form:

- | | | |
|----------------------|-------------------------------------|---|
| _____ Hitting | _____ Refusal to leave an area | _____ Self injurious |
| _____ Biting | _____ Crying for no apparent reason | _____ Yelling |
| _____ Eloping | _____ Throwing objects | _____ Swearing |
| _____ Vehicle safety | _____ Refusal to take medications | _____ Inappropriate sexual behavior |
| | | _____ Traveler has no behavioral concerns |

Other:

Medical History (check all that apply; please describe severity and any needed assistance in the section below):

- | | |
|---|---|
| _____ Heart problems (please explain below) | _____ Asthma |
| _____ High blood pressure | _____ Pulmonary disease |
| _____ Pacemaker | _____ Communicable disease |
| _____ Seizure disorder | _____ Blind |
| Controlled: yes _____ no _____ | _____ Deaf |
| PRN Medication: yes _____ no _____ | _____ Edema |
| _____ Diabetes | _____ Migraines |
| Controlled: yes _____ no _____ | _____ Traumatic brain injury |
| Injections: yes _____ no _____ | _____ Stomach problems or ulcers |
| With staff assistance: yes _____ no _____ | _____ Uses portable oxygen (please describe device below) |
| Blood testing: yes _____ no _____ | _____ Catheter (please explain below) |
| With staff assistance: yes _____ no _____ | _____ Ostomy (please explain below) |

Description/assistance needed of above or other not listed (specify):

Lifestyle Choices

- _____ Uses tobacco products
- _____ Consumes alcohol

*It is Hammer Travel's policy that no more than two alcoholic beverages are consumed daily.

Allergies

Does traveler have any allergies? Yes _____ No _____ If "YES", please describe below:

Medicines:

Food:

Other:

Describe allergic reaction:

Diet

Is traveler on a special diet? Yes _____ No _____

If "YES" please describe:

Toileting

Does traveler need assistance toileting? Yes _____ No _____

If "YES" please describe:

Daily routines

Usual bed time _____

Preferred activity length: _____

Naps throughout day: yes _____ no _____

Enjoys shopping: yes _____ no _____

Slow to get started in the AM: yes _____ no _____

Is alright in larger group settings: yes _____ no _____

No difficulty going to bed: yes _____ no _____

Is alright in loud settings: yes _____ no _____

Additional Information (Check all that apply) If you check "Needs assistance" please describe below

Eating

- No assistance needed
- Needs assistance
- Slow eater
- Needs food cut into pieces
- Needs food pureed

Vision

- No difficulty seeing
- Wears glasses
- Wears contacts
- Traveler is blind

Dressing

- No assistance needed
- Needs assistance

Swimming

- Independent
- Needs life jacket/floats
- Needs to stay waist deep
- Can't swim

Speaking

- No difficulty speaking
- Speaks slowly
- Uses computer/machine to speak
- Is non-verbal

Bathing

- No assistance needed
- Needs assistance
- Needs roll in shower
- Needs shower bench/chair

Hearing

- No difficulty hearing
- Need to speak slowly
- Needs statements repeated
- Wears hearing aid/s
- Traveler is deaf

Ambulation

- No help needed
- Needs help on unstable ground
- Arm in arm assistance when walking
- Uses a walker
- Wheelchair for long distance only
- Uses a manual wheelchair
- Uses an electric wheelchair
- Wheelchair weight: _____
- Battery type: _____

If wheelchair is used:

- Requires a wheelchair accessible van
- Can self transfer
- Needs assistance to transfer
- Can bear weight
- Traveler is a 2 person transfer
- Traveler's weight: _____
- Uses a lift at home

Please note: "transfer chairs" cannot be used on trips. If using a manual wheelchair, travelers may only bring wheelchairs with big back wheels.

Additional Information (assistance needed, personal cares, nickname, routines, likes, dislikes, etc)