



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

Trip Location: \_\_\_\_\_

Trip Date: \_\_\_\_\_

**General Information:**

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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:**

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**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 \_\_\_\_\_

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

\_\_\_\_\_ 1:4 (or less) \_\_\_\_\_ 1:1

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**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:

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**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):**

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**Lifestyle Choices**

- \_\_\_\_\_ Uses tobacco products
- \_\_\_\_\_ Consumes alcohol

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

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## Allergies

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

**Medicines:**

**Food:**

**Other:**

**Describe allergic reaction:**

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## Diet

Is traveler on a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_

**If "YES" please describe:**

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## Toileting

Does traveler need assistance toileting? Yes \_\_\_\_\_ No \_\_\_\_\_

**If "YES" please describe:**

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## 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)**