

NC LIONS VIP FISHING TOURNAMENT, INC.
Medical History Form - Participant / Caregiver

The NC Lions VIIP Fishing Tournament, Inc. serves as a recreational/vacation designed for persons with blindness or visual impairment. VIPs can engage in a variety of activities - fishing, sight seeing, seminars and more. It is essential for VIPs to be capable of managing their personal care and demonstrating life skills such as eating, bathing, dressing and toileting. Alternatively they can bring a caregiver to assist them with these needs.

NOTE: NO SPECIAL DIETS ARE AVAILABLE AT THE FISHING TOURNAMENT.

This information should not be completed until after April 1, 2026. In the event that a VIP has been hospitalized within 30 days prior to their arrival, a physician's release form must be provided.

PATIENT'S NAME: _____ DOB: _____

Known Drug and/or Food Allergies _____

CARDIOVASCULAR HISTORY

Bleeding Disorder ___ Yes ___ No
CHF ___ Yes ___ No
Heart Attack ___ Yes ___ No
Hypertension ___ Yes ___ No
Pacemaker ___ Yes ___ No

COMMUNICABLE DISEASE HISTORY

Hepatitis A, B, C ___ Yes ___ No
If yes, specify type A, B, C _____

DIABETES HISTORY

Stable ___ Yes ___ No
Hypoglycemia ___ Yes ___ No
Insulin Dependent ___ Yes ___ No

NEUROLOGICAL HISTORY

Seizes ___ Yes ___ No
Date of last seizure _____
Alzheimer's/Dementia ___ Yes ___ No
Anxiety/Panic Disorder ___ Yes ___ No
CVA/TIA ___ Yes ___ No
Developmental Disability ___ Yes ___ No

Dizziness/Fainting ___ Yes ___ No
Mental Illness ___ Yes ___ No
Parkinson's Disease ___ Yes ___ No

PULMINARY HISTORY

Asthma ___ Yes ___ No
COPD ___ Yes ___ No
Emphysema ___ Yes ___ No
Oxygen Dependent ___ Yes ___ No

RENAL DISEASE HISTORY

Dialysis ___ Yes ___ No
Kidney Disease ___ Yes ___ No

GENERAL HEALTH ISSUES

Hearing Problems ___ Yes ___ No
Hearing Aids ___ Yes ___ No
Mobility Issues ___ Yes ___ No
Devices used _____
Sleepwalk ___ Yes ___ No
Use CPAP Machine ___ Yes ___ No

Vision: ___ Visually Impaired (20/70)
 ___ Legally Blind

***VIPs must bring all mobility devices, CPAP, and all oxygen equipment

Is Volunteer a smoker? ___ Yes ___ No

“IMPORTANT: MEDICATIONS”

Please attach a legible list of Current Medications with complete instructions.

Additional Recommendations from physician:

This patient’s medical status is stable and controlled. In my opinion this patient is able to attend the event described above. _____Yes _____No

This patient is their own legal guardian, and is able to make their own medical care decisions. _____Yes _____No

If no, list the Legal Guardian’s name: _____

Date of last Tetanus Shot: _____

Date of last Medical Exam: _____

Required List for Recommended/Additional Medical Information:

If the patient is insulin dependent, there needs to be a sliding scale or dosage order, including medication list provided by the family physician and/or endocrinologist. Please include sliding scale and/or dosage order on the required medication list.

Go Home Policy will be enforced if medical staff deem any patient medically unstable. This includes but is not limited to:

- _____ Extreme spike in high and low blood glucose levels
- _____ Extreme blood pressure fluctuations
- _____ Fall Risks
- _____ Absence of medication being taken. VIPs will have 24 hours to attain medication or they will be sent home.
- _____ Hospitalization within one (1) month prior to the VIP’s arrival without medical clearance from their primary physician.
- _____ VIP must be self-sufficient, able to be deemed medically cleared to participate in activities. The medical staff is aware that VIPs have accidents or have an off-day, but repetitive health dangers may lead to a VIP being considered medically unsuitable to continue their stay.

VISUAL ELIGIBILITY REQUIREMENTS:

A VIP must be legally blind or have a “severe visual impairment” (a severe visual impairment is defined as 20/70 or more in the best eye, with correction), and possess life skills that demonstrate full independence. Full independence includes: eating, dressing, and personal hygiene. Additionally, a VIP’s primary disability must be vision related.

PHYSICIAN’S INFORMATION:

Physician’s Signature: _____ Date: _____

Practice Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Mail Volunteer Medical Form with Registration to:

NC Lions VIP Fishing Tournament, Inc.
Attn: Owen White, Executive Director
PO Box 1010
Kill Devil Hills, NC 27948

Telephone: 919-538-6805
Email: ncvipfishing@gmail.com

HIPPA Statement:

I, _____, (Participant/Caregiver) give NC Lions Camp Dogwood permission to send a copy of medical form used for Camp Dogwood 2026 to the NC Lions VIP Fishing Tournament, Inc.

Participant/Caregiver Signature

Witness Signature

Print Name

Print Name

Date: _____

Date: _____