



## Veteran Data Sheet

FULL LEGAL NAME (As Appears on Driver's License)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH	SOCIAL SECURITY #
MAILING ADDRESS		CITY		STATE	ZIP
HOME PHONE	ALTERNATE PHONE			MOBILE PHONE	
EMAIL ADDRESS			ALTERNATE EMAIL		
DRIVER'S LICENSE NUMBER	STATE ISSUED	HAIR COLOR	EYE COLOR	ISSUE DATE	EXPIRATION DATE
OCCUPATION/TITLE/RANK		MARITAL STATUS		MEDIA WILLINGNESS <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALTERNATE/EMERGENCY CONTACT		RELATIONSHIP		PHONE	
BRANCH OF SERVICE <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> MARINES <input type="checkbox"/> NAVY <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> OTHER:					
SERVICE STATUS/RANK			UNIT AFFILIATION		
DATE OF INJURY	LOCATION OF INJURY (IRAQ, AFGHANISTAN, STATESIDE, OTHER)				
TYPE OF INJURY/DISABILITY				HEIGHT	WEIGHT
ARE YOU RECEIVING INPATIENT/OUTPATIENT CARE			NAME AND LOCATION OF HOSPITAL		
<input type="checkbox"/> AMPUTEE <input type="checkbox"/> VISUALLY IMPAIRED <input type="checkbox"/> PTSD <input type="checkbox"/> SCI <input type="checkbox"/> SFW/GSW <input type="checkbox"/> TBI <input type="checkbox"/> OTHER:					
INJURY DESCRIPTION					

OTHER INFORMATION OR MEDICAL NEEDS THAT MAY BE PERTINENT TO OUR STAFF DURING YOUR VISIT

- I CAN WALK LONG DISTANCES WITHOUT ASSISTANCE & CLIMB TREE STANDS
- I NEED ASSISTANCE FOR LONG DISTANCES AND HELP CLIMBING TREE STANDS

NAME OF CURRENT PHYSICIAN	PHYSICIAN CONTACT INFO
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DO YOU DRINK ALCOHOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU USE TOBACCO?   IF YES, WHAT KIND? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CIGAR <input type="checkbox"/> CIGARETTE <input type="checkbox"/> CHEW <input type="checkbox"/> OTHER: _____
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WILL YOU BRING YOUR OWN HUNTING/FISHING CLOTHES? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST YOUR SIZES REGARDLESS OF WHETHER YOU CHECKED YES OR NO: PANTS WAIST: _____ PANTS LENGTH: _____ SHIRT: _____ JACKET: _____ SHOES: _____
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HAVE YOU HUNTED/FISHED BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT GAME HAVE YOU HUNTED OR FISH CAUGHT? <input type="checkbox"/> BIG GAME <input type="checkbox"/> SMALL GAME   LIST: _____
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HAVE YOU COMPLETED A HUNTER'S SAFETY COURSE?    YES    NO   YEAR COMPLETED \_\_\_\_\_

IF SO, PLEASE PROVIDE HUNTER'S SAFETY NUMBER \_\_\_\_\_

DO YOU HAVE ANY SPECIAL TRAINING (FOR EXAMPLE: FIRST AID, CPR, WATER LIFE SAVING, ETC.)?

**DO YOU HAVE ANY ALLERGIES? PLEASE BRING AN EPIPEN OR MEDICINE IF NECESSARY!**

FOOD: \_\_\_\_\_    MEDICINE: \_\_\_\_\_

ANIMAL (e.g. bee stings) : \_\_\_\_\_

IT IS VITALLY IMPORTANT THAT WE KNOW IF YOU HAVE ANY PHYSICAL PROBLEMS AND/OR ISSUES WE COULD EXPECT TO ENCOUNTER. IN THE SPACE PROVIDED BELOW, **PLEASE LIST ANY PHYSICAL PROBLEMS OR DEFICIENCIES THAT YOU MAY HAVE** (for example: breathing problems, diabetes, allergies to a bee or wasp sting, allergies to foods, allergies to medications, allergies to environment [e.g., hay fever, animals, etc.], foot or leg weakness, night blindness, extreme fear of heights, etc.) **THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL BUT WE MUST KNOW ABOUT IT BEFORE YOU ARRIVE.**

ADDITIONAL NOTES:

- PLEASE BRING A COOLER FOR YOUR GAME/FISH AND A PILLOW/SLEEPING BAG.

HOW DID YOU HEAR ABOUT KAMO Adventures?

NEWSPAPER: \_\_\_\_\_    WEBSITE    FELLOW WARRIOR    INTERNET    FRIEND/RELATIVE    OTHER:

YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ AND UNDERSTAND THIS APPLICATION:

PLEASE PRINT NAME

SIGNATURE (REQUIRED) \_\_\_\_\_ DATE \_\_\_\_\_

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS FORM!