

**UNIVERSITY OF CONNECTICUT**  
**MARINE SCIENCES & TECHNOLOGY CENTER**  
**MEDICAL OR SPECIAL NEEDS FORM**

This information is to be completed by the PI or Chief Scientist for personnel within the scientific party that have various medical problems or special needs that the Connecticut crew should be aware of and **MUST** be submitted along with the cruise plan.

Health problems such as diabetes, high blood pressure, allergies and particular dietary needs must be reported, including the name, address and phone number of the physician most familiar with their medical history.

Any member of the scientific party using a prescription drug medication during the cruise must be included along with the name of the medication, dosage and physician who prescribed the drug.

**NAME** \_\_\_\_\_ **MEDICAL PROBLEM:** \_\_\_\_\_

**PRESCRIPTION MEDICATION(S):** \_\_\_\_\_

**PHYSICIAN(S) NAME, ADDRESS, PHONE #'S:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL NEEDS/DIETARY CONSIDERATIONS:** \_\_\_\_\_

**NAME** \_\_\_\_\_ **MEDICAL PROBLEM:** \_\_\_\_\_

**PRESCRIPTION MEDICATION(S):** \_\_\_\_\_

**PHYSICIAN(S) NAME, ADDRESS, PHONE #'S:** \_\_\_\_\_

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**SPECIAL NEEDS/DIETARY CONSIDERATIONS:** \_\_\_\_\_

**NAME** \_\_\_\_\_ **MEDICAL PROBLEM:** \_\_\_\_\_

**PRESCRIPTION MEDICATION(S):** \_\_\_\_\_

**PHYSICIAN(S) NAME, ADDRESS, PHONE #'S:** \_\_\_\_\_

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**SPECIAL NEEDS/DIETARY CONSIDERATIONS:** \_\_\_\_\_

**NAME** \_\_\_\_\_ **MEDICAL PROBLEM:** \_\_\_\_\_

**PRESCRIPTION MEDICATION(S):** \_\_\_\_\_

**PHYSICIAN(S) NAME, ADDRESS, PHONE #'S:** \_\_\_\_\_

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**SPECIAL NEEDS/DIETARY CONSIDERATIONS:** \_\_\_\_\_

**NAME** \_\_\_\_\_ **MEDICAL PROBLEM:** \_\_\_\_\_

**PRESCRIPTION MEDICATION(S):** \_\_\_\_\_

**PHYSICIAN(S) NAME, ADDRESS, PHONE #'S:** \_\_\_\_\_

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**SPECIAL NEEDS/DIETARY CONSIDERATIONS:** \_\_\_\_\_

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