

Allergy and Medication Form

Midshipman Candidate _____ has the following dietary restrictions, allergies, and/or takes the following medications:

Dietary Restrictions:

1. _____
2. _____
3. _____

Allergies:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Medications (Please also bring documentation for ALL medications concerning their purpose as well as their prescribed dosages):

1. _____
2. _____
3. _____