

HEALTH PROVIDER FORM
NON-SICK, NON-ILL OR NON-INJURED PILGRIM APPLICANT
2025 AMS-KOFC WARRIORS TO LOURDES PILGRIMAGE

INSTRUCTIONS

Please note: ALL questions must be answered. DO NOT leave any blank responses.

The applicant needs to fill out the first two pages prior to seeing the clinician. Your licensed medical provider **must complete and sign** pages 3 thru 6 of this medical evaluation form. **The signed Health Provider Form must be submitted as part of the completed 2025 Application NO LATER THAN JANUARY 15, 2025.**

THIS PART TO BE FILLED OUT BY APPLICANT PRIOR TO SEEING THEIR MEDICAL PROVIDER

Applicant First Name:

Applicant Last Name:

Applicant Date of Birth: (mm/dd/yyyy)

Would applicant be willing to be a medical volunteer throughout the pilgrimage?

Yes

No

If yes, what are applicant's previous medical roles, training, and/or licenses?

Does the applicant speak French?

Yes

No

GENERAL INFORMATION

Please list the Primary Medical Team Member clinicians(s) you are seeing now, and/or have seen recently:

Name:

Specialty:

Phone:

Name:

Specialty:

Phone:

Name:

Specialty:

Phone:

Name:

Specialty:

Phone:

HEALTH PROVIDER FORM (CONT'D)

Applicant First Name:

Applicant Last Name:

PHYSICAL EXAMINATION

Height:

Weight:

Blood Pressure:

Ears: Normal

Eyes: Normal

Nose: Normal

Throat: Normal

Lungs: Normal

Heart: Normal

Abdomen: Normal

Genitalia:
(optional) Normal

Rectal:
(optional) Normal

Skin: Normal

Extremities: Normal

Neurological: Normal

Other:

HEALTH PROVIDER FORM (CONT'D)

Applicant First Name:

Applicant Last Name:

PHYSICAL EXAMINATION CONTINUED...

Diagnosis/Diagnoses:

Specific Nursing Care Requirements(s):

Do you understand this patient will be in Lourdes, France, May 13-19, 2025?

Yes No

Is this patient medically stable to travel to Lourdes, France?

Yes No

Will this patient require the use of a supplemental oxygen at any time?

Yes No

If YES, please explain:

Will this patient require the use of any electrical device?

Yes No

If YES, please explain:

Do you anticipate this patient requiring professional medical/nursing services or hospitalization during travel to/from Lourdes, France, or during the week of the pilgrimage in Lourdes, France?

Yes No

If YES, please explain:

HEALTH PROVIDER FORM (CONT'D)

Applicant First Name:

Applicant Last Name:

Can this individual sit in a standard coach airline seat for a 9-hour flight?

Yes No

Can individual get on and off the bus without assistance?

Yes No

Does this individual have difficulty walking long distances (approx. 10,000 steps/day with some inclines)?

Yes No

Can this individual pull an occupied cart up hills and inclines?

Yes No

If applicant does not regularly use a wheelchair and since the pilgrimage can be physically demanding, do you think it would be best for this pilgrim to use a wheelchair while at Lourdes?

Yes No

Does this individual require single room accommodations for medical reasons?

Yes No

If YES, please explain:

Does this individual require a handicapped accessible room?

Yes No

If YES, please explain:

Does the applicant require a Hoyer lift for transfer?

Yes No

If YES, please explain:

Does this individual have any limitations in performing their own personal activities of daily living?

Yes No

If YES, please explain:

Additional comments:

HEALTH PROVIDER FORM (CONT'D)

Applicant First Name:

Applicant Last Name:

BEFORE SIGNING, PLEASE CONFIRM ALL QUESTIONS HAVE BEEN ANSWERED.

Provider's Name:

Provider's Address:

Provider's Telephone Number (Work):

(Mobile):

(Fax):

Provider's Email Address:

Signature:

Date:

The official Warriors to Lourdes Medical Director or a member of the Warriors to Lourdes staff may contact you for clarifications on the information provided.

Completed forms can be saved as a PDF and uploaded to your application online. If you're unable to upload your completed medical forms as a PDF, you may send to the Warriors to Lourdes Team at the address below.

THE MEDICAL STAFF HIGHLY RECOMMENDS FOR ALL MEDICAL EQUIPMENT/DEVICES AND MEDICATION TO BE TRANSPORTED IN THE CARRY-ON LUGGAGE.

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