

MEDICAL ANNEX PART B
DESIGNATED CAREGIVER APPLICANT
2025 AMS-KOFC WARRIORS TO LOURDES PILGRIMAGE

Applicant First Name

Applicant Last Name

Applicant Date of Birth (mm/dd/yyyy)

QUESTIONS RELATED TO ROLE AS DESIGNATED CAREGIVER

Name of wounded applicant you are a designated caregiver for:

Applicant's First Name

Applicant's Last Name

What is your relationship with the warrior applicant?

Are you capable of assisting your pilgrim with his/her activities of daily living?

Yes

No

Are you a Designated Caregiver certified through your state or VA?

Yes

No

Do you help the applicant to use the toilet regularly?

Yes

No

Do you help with or bathe the applicant regularly?

Yes

No

Do you lift the applicant into and out of bed each day?

Yes

No

Do you prepare meals for the applicant regularly?

Yes

No

Do you administer medications/dosage for the applicant?

Yes

No

Do you help the applicant change bandages, catheters or any other medical devices?

Yes

No

Do you accompany the applicant on regular or extraordinary doctor's visits?

Yes

No

MEDICAL ANNEX PART B CONTINUED...
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Can you lift and transfer the applicant by yourself?

Yes

No

Do you provide any other assistance to the applicant that is not listed above?

Yes

No

If yes, please explain:

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.

Knights of Columbus
1 Columbus Plaza
P.O. Box 1966
New Haven, CT 06510
lourdes@kofc.org



WARRIORS
TO LOURDES

