



Guest Preference Sheet

The information on this form is requested to assist in identifying resources and appropriate care for guests. Please take time to fill it out completely and return. Thanks!

Personal Information:

Name: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: (Home): _____ (Work/Cell): _____ E-Mail: _____

I am a competent swimmer: ___ Y ___ N

In case of emergency please notify:

Name: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

E-Mail: _____ Comments: _____

Health History: The following information is requested. This information will be kept confidential and shared only when as deemed needed. Any changes to this information must be provided to the boat captain. Please provide complete information, so that we can be aware of your needs. *Attach as needed additional pages for additional information.*

COVID-19 Vaccine: ___ Y ___ N

Allergies (*List all known and describe reaction and management of the reaction*): _____

Medication Allergies: _____

Food Allergies: _____

Other Allergies (*Including insect stings*): _____

Dietary Restrictions (*Please list any dietary restrictions including lactose intolerance, diabetics gluten free, or if you are a vegetarian*): _____

Medications Being Taken: Please list ALL medications taken routinely. Bring enough medication to last the entire voyage. (*Keep it in the original packaging/bottle that identifies the name of the medicine.*)

_____ NO, Medications on a routine basis. _____ YES, Medications as follows:

Medication # 1 _____ Dosage _____ Times taken/day _____

Reason for taking: _____

Medication # 2 _____ Dosage _____ Times taken/day _____

Please Return to: Matt Brooks at 4725 Thornton Avenue, Fremont, CA 94536
e-mail: rewmb1@aol.com / cell: 510.579.1937 / fax: 510.797.7980



Reason for taking: _____

General Health Questions (Explain "yes" answers below):

Do you have a history of Asthma? ___ Y ___ N Are you Diabetic? ___ Y ___ N

Do you have a history of seizures? ___ Y ___ N Blood Type (if known): _____

Do you have abnormal blood pressure or a history of heart disease? ___ Y ___ N

Have you ever had an anaphylactic reaction? ___ Y ___ N

Please explain any "yes" answers:

Use this space to provide any additional information about which the Boat Captain should be aware: _____

Food Preference (Please check those you like & add comments where necessary):

Beef ___ Chicken ___ Italian ___ Pork ___ Turkey ___ Lamb ___ Mexican ___ Veal ___
Fish/Shell Fish ___ Other & Comments _____

Breakfasts: Hearty ___ Light ___

Desserts: _____

DISLIKES: Please be specific such as liver, broccoli, Brussels sprouts, fish, mushrooms, etc.) _____

Bar Preferences Please indicate brand / type of those you like & add comments where necessary):

Beer _____ Wine _____ Gin _____ Liqueurs _____ Whisky _____ Scotch _____

Sodas/Mixers _____ Vodka Rum _____ Juices _____ Tequila _____ Soft Drinks _____

Other _____

Please feel free to include or add anything else that will assist the crew in planning your time on Serena.

Other Additional Information:
