

Thank you for your interest in joining the 2022 *High Seas Rally* Dialysis Fund Program. Each year, the Dialysis Fund selects up to 10 deserving individuals to provide an all-expenses paid vacation of a lifetime including needed dialysis treatments during the sailing. If you wish to apply to join the 2022 sailing, please fill out the form below completely and mail to the address listed below. All applications must be postmarked no later than June 28, 2022. Incomplete forms will not be processed. Patients selected to participate in the 2022 *High Seas Rally* Dialysis Fund Program will be notified on or before August 15, 2022.

High Seas Rally Dialysis Fund
165 N. Meramec Ave., Suite 325
Clayton, MO 63105

PATIENT INFORMATION

Legal First and Last Name: _____

Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Date of Birth: ____/____/____ T-Shirt Size: _____

Are you traveling with a companion? YES/NO/UNSURE If yes, please complete the following:

Legal First and Last Name: _____

Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Date of Birth: ____/____/____ T-Shirt Size: _____

Have you ever sailed on the *High Seas Rally* as a dialysis patient? YES/NO If yes, what year? _____

How did you hear about the *High Seas Rally* Dialysis Program? _____

DIALYSIS INFORMATION

How long have you been on Hemo-Dialysis? _____

Please list the length and time of day of treatments (example; Mon, Wed, Fri 3-5PM): _____

Are you fully vaccinated AND up to date against COVID-19? YES/NO

* A person is **fully vaccinated** two weeks after receiving all recommended doses in the primary series of their COVID-19 vaccination.

* A person is **up to date** with their COVID-19 vaccination if they have received all recommended doses in the primary series and one booster when eligible. Getting a second booster is not necessary to be considered up to date at this time.

Can you provide a negative Hepatitis B status? YES/NO

Do you have to be isolated in your dialysis unit? YES/NO

Name of Social Worker: _____

Name of Dialysis Unit: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

