International Medical History Form

NOTE:

- This form is essential for your safety and enjoyment of the trip.
- Please fill out completely and accurately, and return it promptly.
- It is considered confidential and will only be available to necessary personnel.

TRIP_____ DATE(S)_____Passport #_____

Name_____ Sex_____ Date of Birth_____

Address_____

Phone #_____ Email_____

IN CASE OF EMERGENCY NOTIFY:

(Primary Contact) Name_____ Relationship_____

Phone #_____ Email_____

(Secondary Contact) Name_____ Relationship_____

Phone #_____ Email_____

Physician_____ Phone #_____

Health Insurance Company_____ Policy or Group #_____

Travel Insurance Company_____ Policy or Group #_____

Emergency Insurance Phone # in U.S._____ Collect Call Worldwide_____

MEDICAL HISTORY:

- **Are you allergic to?** _____ Insects (bees, etc.) _____ Penicillin _____ Aspirin

_____ Other medication – please list types: _____

_____ Food – please list types: _____

_____ Other allergies – please list types: _____

If yes to any of the above, please describe your allergic reaction and how you treat it:

_____

- **Are you on any medication?** _____

If yes, please list name(s), dosage(s), and what each is for: _____

_____

- **Do you require a special diet for health purposes (e.g., celiac, diabetes) ?** _____

If yes, please describe:

_____

Health, Diet, Contact Form

Name_____ Date_____

Reach me at this number before and during travel:

Do you have any allergies (bee stings, wasp stings etc…)? _____

Describe_____

If you are aware of any of these allergies, you must carry your own remedies, (Epipen). Pack these materials in your carry-on bag along with any prescription medications you require. If your luggage is lost, you do not want to be without your medications.

IF YOU ARE ALLERGIC TO ANY MEDICATIONS, WE REQUIRE YOU TO PROVIDE A TYPE WRITTEN SHEET LISTING ALL THE MEDICATIONS YOU ARE ALLERGIC TO, PREFERABLY FROM YOUR DOCTOR. THIS IS TO PROVIDE NON-ENGLISH-SPEAKING DOCTORS IN THE COUNTY OF TRAVEL IN THE EVENT OF AN EMERGENCY.

Do you have any current health conditions that may compromise your safety if you are several days from a hospital or medical facility? For example, do you regularly receive medical care for a condition, including mental health? If so, describe:

_____