

Medical Information

Medical Conditions	<i>Please list ALL of your medical conditions</i>														
Medication List	<i>Please include the following: generic and brand names, reason for taking each, dosage information, and how often taken</i>														
Travel Insurance	<i>Keep your original medical insurance card in your wallet. Upload a copy to the cloud.</i>														
Blood Type <small>(please circle)</small>	<table><tr><td>O+</td><td>O-</td><td>A+</td><td>A-</td><td>B+</td><td>B-</td><td>AB+</td></tr><tr><td>AB-</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	O+	O-	A+	A-	B+	B-	AB+	AB-						
O+	O-	A+	A-	B+	B-	AB+									
AB-															
Allergies	<i>Please list ALL of your allergies.</i>														
Immunizations	<i>List and provide a photocopy of your immunization records. Be sure to include documentation immunizations required by the host country.</i>														
Doctor															
	<i>Practice Name</i> <i>Phone Number</i>														
	<i>First Name</i> <i>Last Name</i>														
Preferred Hospital	<i>Do you prefer to be taken to a public or private hospital while abroad?</i> <input type="checkbox"/> <i>Public</i> <input type="checkbox"/> <i>Private</i>														