Medical Information

Medical Conditions	***Please list ALL of your medical conditions***
Medication List	***Please include the following:*** *generic and brand names, reason for taking each, dosage information, and how often taken*
Travel Insurance	*Keep your original medical insurance card in your wallet.* *Give copy to Emergency Contact.*
Blood Type	AB-
Allergies	***Please list ALL of your allergies.***
Immunizations	*List and provide a photocopy of your immunization records. Be sure to include documentation immunizations required by the host country.*
Physician	
	Practice Name *Phone Number*
	Physician Name
Preferred Hospital	*Do you prefer to be taken to a public or private hospital while abroad?* ☐ *Public* ☐ *Private*