

## Medical Information

Name \_\_\_\_\_ DOB \_\_\_\_\_

Current medications \_\_\_\_\_

\_\_\_\_\_

What medications are you allergic to \_\_\_\_\_

Current medical conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What else do we need to know to get you medical care in an emergency? Use the back of this page if you need more space.

\_\_\_\_\_

\_\_\_\_\_

What medical evacuation insurance do you have? \_\_\_\_\_

What is your policy number? \_\_\_\_\_

What is the phone number to call from outside the US?

\_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_