TRAVELER'S PERSONAL HEALTH RECORD

Traveler's Name: ____
Last First Middle

Date of Birth: ___/___/_____ **Gender**: Male ☐ Female ☐ **Weight** : ___________kilos
(mm/dd/yyyy) *(divide pounds by 2.2)*

INSURANCE INFORMATION *(check with the insurance company to make sure it covers care abroad)*

Primary Health Insurance Carrier

Name of Insured ___________________________

Insurance Company _________________________

Phone (____) ______________________________

Policy # ________________ Group # __________

Secondary Health Insurance Carrier

Name of Insured: _______________________________

Insurance Company _____________________________

Phone (___) ___________________________________

Policy # _______________ Group # ______________

PHYSICIAN INFORMATION

Primary Care Physician: ____

Phone: (___)__________________________________ Exchange: (____)____

Other physician: ____

Phone: (____)_________________________________ Exchange: (____)____

ALLERGIES *(Food, medication, environmental, other)*

Type of Allergy	Typical Reaction	Treatment

MEDICAL CONDITIONS CURRENTLY BEING TREATED

Condition	Date of Onset	Treatment	Treating Physician

CURRENT PRESCRIPTION MEDICATIONS

Medication	Dose	Frequency	Reason for Taking	Prescribing Physician

Traveler's Name: ____________________________

OTHER NONPRESCRIPTION MEDICATIONS

Medication	Dose	Frequency	Reason for Taking

EMERGENCY CONTACTS

NAME	RELATIONSHIP TO TRAVELER	WORK PHONE #	HOME PHONE #	MOBILE PHONE #

IMMUNIZATIONS

Up-to-date per the regulations required by the State. ☐ Yes ☐ No

In accordance with the recommendations by the Centers for Disease Control and Prevention and your physician if traveling outside the U.S. ☐ Yes ☐ No

ANCILLARY AIDS ☐ Retainer ☐ Glasses ☐ Contact lenses ☐ Glucose meter ☐ Insulin pump ☐ Inhaler

DIETARY RESTRICTIONS/NEEDS

Food	Amount Allowed	Reason

PHYSICAL RESTRICTIONS/NEEDS

Restriction	Activity Allowed	Reason

Other necessary information/special needs

The information contained here is accurate as of today, _____/_____/________

Form completed by: ____

Name Relationship to traveler

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