




Travel Health and Medical History

First Name: _____ Family Name: _____

♥ Blood Type: _____ Age: _____

Allergies

Medicine	Reaction
 _____	_____
 _____	_____
 _____	_____
 _____	_____

Recent Procedures & Conditions

Date	Procedure/Condition
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Medications & Prescriptions

Name	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Vaccinations & Immunizations (Add date MM/DD/YY of most recent immunization)

• Measles _____	• Mumps _____
• Rubella _____	• Tetanus-Diphtheria _____
• Polio _____	• Meningitis _____
• Varicella _____	• Hepatitis A _____
• Hepatitis B _____	• Other: _____

 **Doctor in Home Country:** _____
Phone + international calling code: _____

 **Health Insurance Company:** _____
Phone + international calling code: _____

Hint: Write down everything a doctor would need to know if you have a health emergency while abroad with no contact with your primary care physician.