

Directions: Please complete one form for each traveler in your party.

Name	Emergency Contact(s)
Street:	Name/Relationship:
City:	Contact Number:
State:	Name/Relationship:
Zip Code:	Contact Number:
Country:	
Personal Information	Past/Present Medical Conditions
Date of Birth:	
Social Security Number:	
Citizenship:	
Passport Number:	
Contact Number:	
Email:	
Blood Type:	
Health Insurance Plan	Supplemental/Travel Insurance Plan
Provider:	Provider:
Member ID Number:	Member ID Number:
Street:	Street:
City:	City:
State:	State:
Zip Code:	Zip Code:
Contact Number:	Contact Number:
Email:	Email:
Doctor	Preferred Hospital
Name:	Name:
Street:	Street:
City:	City:
State:	State:
Zip Code:	Zip Code:
Contact Number:	Contact Number:
Email:	

Tip: Review your health insurance policies provided by your organization to understand what overseas medical insurance coverage you have. Contact your medical insurance company with any questions and determine if it covers emergency expenses like medical evacuation. If it does not, consider supplemental medical coverage.



Tip: Enroll in [Smart Traveler Enrollment Program \(STEP\)](#) - provided by the U.S. Department of State. Travelers will be updated on important information about safety conditions and in the case of an emergency, the U.S. Embassy will be able to contact you.

Allergies & Drug Sensitivities		
Medications		
Name (Generic)	Dose	Frequency

Tip: The [Centers for Disease Control and Prevention website](#) has a list of all vaccinations needed by country.

Vaccines & Preventative Medications (Common Types Listed Below)	
Type	Date Last Received
Routine Immunizations:	
DTP,Td (diphtheria-tetanus-pertussis)	
Haemophilus influenza B (Child, sepsis)	
HPV (Female, human papillomavirus)	
Influenza	
IVWIR (measles-mumps-rubella)	
Pneumococcus (pneumonia)	
Polio	
Rotavirus (Child, gastroenteritis)	
Others (Determined by destination)	

I have reviewed the list provided of approved regional hospitals near my destination.

Traveler Name
Traveler Signature
Date

Employee Representative Name
Employee Representative Signature
Date

Notes:

*Please provide a copy of the signed document to your employer and family members.
 Have a copy on hand for easy access while traveling.*