



EMERGENCY INFORMATION

Use **complete formal names** as they appear on your passport (no nicknames).

☐ Mr. ☐ Ms. ☐ Mrs. _____
First (Please Print) Middle Last

Address or Residence Hall: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Pager: _____

Email Address: _____

Date of Birth: _____ Z Number: _____
Month/Day/Year

☐ Yes, I am an American citizen. ☐ No, I am **not** an American citizen.

If not an American citizen:

Country of Birth: _____ Country of Citizenship: _____

Please attach copy of valid Passport. Passport No. _____

EMERGENCY CONTACTS:

Name of Doctor: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Relationship: _____ Cell Phone: _____

Do you have medical insurance? ☐ Yes ☐ No

Insurance Company Name: _____

Policy No.: _____ Phone: _____

Are you currently taking any medications, including over-the-counter medications? ____

Medication	Dosage	Condition

Any Travel Participant going abroad with any preexisting medical problems should carry a letter from the attending physician, describing the medical condition and any prescription medications, including the generic name of prescribed drugs. Any medications being carried overseas should be left in the original containers and be clearly labeled. The Travel Participant should check with the foreign embassy of the country being visited to make sure any required medications are not considered to be illegal narcotics.

HEALTH STATEMENT

Please indicate past or present illnesses or conditions:

Allergies _____	Hepatitis _____	Paralysis _____
Amoebic dysentery _____	Hypertension _____	Pneumonia _____
Asthma _____	Hypoglycemia _____	Rheumatic fever _____
Diabetes _____	Infectious mononucleosis _____	Tuberculosis _____
Epilepsy _____	Kidney trouble _____	Ulcers _____
Foot/leg difficulties _____	Pregnancy _____	Other _____
Gastro-intestinal difficulties _____	Malaria _____	_____
Heart difficulties _____	Migraine headaches _____	_____

Have you been treated in the last three years for any mental or emotional condition? _____

Are you currently on any drug for treatment of mental or emotional condition? _____

If your answer is yes to either of the above, please give a brief explanation and also the name, address, and phone number of your physician or counselor for reference. _____

To the best of my knowledge, the above information is complete and correct.

Date

Signature