

Medical

General Information

Name: _____ Date: _____

Emergency Contact: _____ Phone: _____

Relationship: _____ Email: _____

Insurance Information

Company: _____ Policy Type: _____ Policy Number: _____

Medical Information

 (Information is confidential and only shared with appropriate personnel.)

Are you taking any medication(s)? Yes No

Please list: _____

Do you have any existing or past medical conditions that CURE should be aware of? _____

If so, please describe: _____

Date of last tetanus shot: _____

Have you received immunizations the CDC recommends/requires?

Yes No Appointment Scheduled

List any physical disabilities or limitations: _____

List any known allergies and reactions: _____

List any dietary restrictions: _____

CURE International provides a travel medical insurance policy as part of the fees you pay.