

# Medical History Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I want Trip Cancellation Insurance \_\_\_\_\_. This will be an additional cost, REMEMBER, we have already acquired a Travelex Medical/Evacuation policy for the duration of the trip, the Trip Cancellation is for protecting your airfare investment if you cannot begin the tour.**

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

I use a cane or walker (please circle) Wheelchair needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Blood Type: \_\_\_\_\_ List Major Illnesses: \_\_\_\_\_

**MEDICATIONS:** *Please bring your medications in their **original bottles** and pack in your **CARRY ON** luggage.*

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

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Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Respiratory Problems: Yes \_\_\_\_\_ No \_\_\_\_\_ Need or use oxygen: \_\_\_\_\_

List any other medications and/or other major health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (continue on another sheet if necessary)

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