Medical History Form

| Name: | Date of Birth: | |
|---|--|---|
| I want Trip Cancellation Insurance we have already acquired a Trav trip, the Trip Cancellation is for the tour. | elex Medical/Evacuation | n policy for the duration of the |
| Emergency Contact Person: | Phone Number: | |
| Medication Allergies: | Food Allergies: | |
| I use a <u>cane</u> or <u>walker</u> (please circle) | Wheelchair needed? Yes | No |
| Blood Type: List Major Illnesse | s: | |
| MEDICATIONS: Please bring your mediluggage. | ications in their original bottle | es and pack in your CARRY ON |
| Medication | _ Dosage | Reason |
| Medication_ | _ Dosage | Reason |
| Respiratory Problems: Yes No | Need or use oxygen: | |
| List any other medications and/or other ma | ijor health concerns: | |
| | | |
| | | |
| | ((| continue on another sheet if necessary) |

Medical History Form

| Date of Birth: | |
|--|--|
| elex Medical/Evacuation | additional cost. REMEMBER of policy for the duration of the investment if you cannot begin |
| Phone Number: | |
| Food Allergies: | |
| Wheelchair needed? Yes_ | No |
| s: | |
| ications in their original bottle | es and pack in your CARRY ON |
| _ Dosage | Reason |
| Need or use oxygen: | |
| ajor health concerns: | |
| | |
| | |
| | continue on another sheet if necessary) |
| | ce This will be an relex Medical/Evacuation protecting your airfare Phone Numb Food Allerg Wheelchair needed? Yes S: ications in their original bottle Dosage Dosage Dosage Dosage Dosage Dosage Dosage Posage Dosage Dosage Posage Dosage Posage Dosage Posage Posa |