

**BRIEF MEDICAL HISTORY**

Completed by patient or guardian of patient

*Before traveling, having a brief medical history form already completed may save critical time during an emergency situation away from home.*

	M / F	
Name (patient or traveler)	Gender	Age

Home Address	City	State	Zip

**IN CASE OF EMERGENCY CALL**

Name	Relationship
Day Time Phone	Night Time Phone

*For minors, always have available a name, address, and phone number of a relative other than parents for emergency contact.*

**DOCTOR INFORMATION**

Doctor Name			
Office Address	City	State	Zip
Office Phone	After-hours Phone		

Blood Type

**IMMUNIZATIONS**

Estimate Date

<b>Last Tetanus Shot</b>	
<b>Last Rabies Vaccination</b>	
<b>Last Flu Vaccination</b>	
<b>Last H1N1 Vaccination</b>	

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**HEALTH PROBLEMS**, such as heart disease, asthma diabetes


**MEDICATIONS**, List current medications you are taking


Ask your pharmacist for a list of all of your current medications before you travel

<b>Pharmacy</b>	<b>Pharmacy Phone Number</b>

**ALLERGIES**, to medications, food, insects, and animals


If available, also have your prescription for eye glasses or contact lenses

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**HEALTH INSURANCE** (Copy I.D. Card or information from card)

Insurance Name	Policy Number	Group Number