Traveler’s Information Profile

Name \_\_\_\_\_\_\_\_\_ \_\_\_ Age \_\_ Marital Status \_\_\_\_\_\_\_\_\_

Address City \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Phone (home) \_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number (optional) Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate Wedding Anniversary \_\_\_\_\_

# Emergency Contact Information

Name \_\_\_\_\_\_\_\_\_ \_\_ Relationship \_\_\_\_\_\_ Phone(H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nearest Relative**

Name \_\_\_\_ Relationship \_\_\_\_\_\_\_ Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_

# Medical History

Doctor Office Phone \_\_\_ Home Phone \_\_\_\_\_

Dentist Office Phone \_ Home Phone \_\_\_\_\_

What medicines are you allergic to? \_\_\_\_\_

\_\_\_\_\_

What medication are you now taking? \_\_\_\_\_

\_\_\_\_\_

List any operations you have had: \_\_\_\_\_

List any allergies: \_\_\_\_\_

Special health problems: \_ \_\_\_ \_\_\_\_\_

Pertinent information in case of emergency: \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_

Health Insurance Company Policy Number