

## 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 \_\_\_\_\_