



# Safe Harbor International

Post Office Box 80820 \* Rancho Santa Margarita, CA 92688  
 Phone: 9494-858-6786  
 www.safeharbor.us

**Trip Title:**  
**Trip Dates:**

## MEDICAL INFORMATION FORM

Full Name:	Passport #:	Country:
Date of Birth:	Age:	Sex:
Mailing Address:		
City:	State:	Zip: Country:
Home Phone:	Work Phone:	Cell Phone:

### Emergency Notification

Name:	Relationship to you:
Home Phone:	Work Phone: Cell Phone:
Name:	Relationship to you:
Home Phone:	Work Phone: Cell Phone:

### Personal/Physician Information

Height:	Weight:	Eye Color:	Hair Color:	Blood Type:
Physician's Name:				
Address:				
City:	State:	Zip:	Country:	
Phone:	Fax:			
List any medical/drug/food allergies:				
Date of last Physical:				

Medical Insurance Company: \_\_\_\_\_ Does your medical insurance cover you outside of the United States? If so, please provide a copy of the procedures (including required policy numbers and phone numbers) describing how your medical insurance is notified in the event of an illness. **(Please attach procedures)**

Medications you are currently taking or will be taking on the trip, including malaria medication and dosage:

Identifying scars/birth marks:

Please describe any medical/physical problem, attaching a separate sheet if needed: