

PRE-TRAVEL QUESTIONNAIRE

Date: ____/____/____

Name: _____ Date of Birth: ____/____/____ Phone Number(____)____ - _____

Allergies: _____

Blood Type (if known) _____

Past Medical/Emotional/Psych problems:

Current Medications:

Country Destination: _____

Date of Departure: _____ Date of Return: _____

What will you be doing? _____

Will you travel outside major cities? _____

Name of group traveling with? _____

Name of group leader: _____

Other pertinent information:

