



Name on  
Passport:

Address:

Telephone:

(Home):

(Mobile):

Email:

Nationality:

Date of Birth:

Passport Number:

Issued at:

Date of Issue:

Date of Expiry:

Your Blood Type:

Are you  
pregnant?

List any prescription drugs you are  
taking:

Note any allergies to food or  
medications:

Any food restrictions? (vegetarian,  
vegan, be specific)

Do you have any Medical Condition(s)  
such as diabetes, emphysema, heart  
condition, depression, injuries,  
seizures, recent surgery or other that  
would be important to know about?  
(Please specify)

Do you have any physical restriction(s)  
such as impaired hearing, mobility,  
vision, etc that require special  
arrangements? If yes, please explain.

**NOTE:** *This information will be kept confidential and retained by the tour leader for your safety until the end of the tour.*

**CONTACT PERSON IN CASE OF EMERGENCY (PLEASE PRINT)**

Name:

Relationship:

Telephone:

(Home):

(Office):

(Mobile):

Physician:

Name:

Telephone:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_