

Traveler Health & Medical Profile

This form ensures that your Group Leader is aware of any relevant medical or behavioral health information that may help them provide appropriate support should a situation arise during your tour. While it is the traveler's responsibility to manage their own well-being, sharing this information allows the Group Leader to be informed and prepared if assistance is needed.

To ensure a smooth experience for everyone, please complete this form accurately and thoroughly and **return it to your Group Leader at least 30 days prior to departure.**

Additionally, we encourage travelers and their families to review any health advisories, vaccinations, or medical recommendations for their destination in advance. For up-to-date travel health information, visit the Centers for Disease Control and Prevention (CDC) Traveler's Health website at [cdc.gov](https://www.cdc.gov).

Traveler & Emergency Contact Information

Traveler Name: _____

Date of Birth: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Medical Information & Special Considerations

Does the traveler have any medical conditions, allergies, or other health concerns that the Group Leader should be aware of?

Yes No

If yes, please describe:

Does the traveler have any dietary needs or food allergies (e.g., vegetarian, gluten-free, peanut allergy)? **Please also update this information on your portal at my.passports.com.**

Yes No

If yes, please describe:

Does the traveler require special accommodations (e.g., wheelchair access, medical equipment, specific lodging requests)?

Yes No

If yes, please describe:

Does the traveler have any physical or behavioral health conditions? Examples could include migraines, anxiety, panic attacks, or anything else you think your Group Leader should know.

Yes No

If yes, please describe:

Does the traveler take any prescription medications that will be brought on tour?

Yes No

If yes, please list below:

Prescription Name	Dosage/Frequency	Purpose	Side Effects	Additional Notes

The Group Leader may administer certain over-the-counter medications to the traveler if necessary. Are there any restrictions that the Group Leader should be aware of?

Emergency Treatment Authorization

In the event of a medical emergency where I cannot be reached, I authorize the Group Leader to seek medical care on behalf of the traveler, including but not limited to emergency treatment, hospitalization, or the administration of necessary medications as advised by a medical professional.

Participant's Signature: _____ **Date:** _____

Parent/Guardian's Signature (if under 18): _____ **Date:** _____

Additional Information

Is there anything else the Group Leader should know regarding the traveler's health, well-being, or personal needs during the trip?

Please Note: Travelers are responsible for managing their own health, well-being, and medical needs while on tour. Group Leaders and Tour Directors are not medical professionals but will make reasonable efforts to assist if needed. Travelers should bring an adequate supply of any necessary medication and ensure they can self-administer as needed. In the event of a medical emergency, the Group Leader and Tour Director will follow local procedures and seek appropriate care as necessary.