EMERGENCY MEDICAL RECORD

Confidential Travel Document

Last Updated: _____

PERSONAL IDENTIFICATION

FULL NAME
DATE OF BIRTH
BLOOD TYPE
NATIONALITY / PASSPORT NO.

EMERGENCY CONTACTS

PRIMARY CONTACT (NAME/RELATIONSHIP/PHONE)
SECONDARY CONTACT (NAME/RELATIONSHIP/PHONE)
PRIMARY PHYSICIAN (NAME/PHONE)
HEALTH INSURANCE CO. & POLICY #

MEDICAL ALERTS & ALLERGIES

SEVERE ALLERGIES (MEDICATION, FOOD, ENVIRONMENTAL)

CHRONIC CONDITIONS / RELEVANT HISTORY

CURRENT MEDICATIONS

Medication Name	Dosage	Frequency	Reason

IMMUNIZATIONS & DEVICES

RECENT VACCINES (COVID, FLU, YELLOW FEVER)
MEDICAL DEVICES (PACEMAKER, SHUNTS, IMPLANTS)

This document is intended for emergency use only. Carry a copy with your travel documents and another in your primary luggage.