

## 200\_\_ Medical Form

Please write legibly and complete this form.

Traveller	Name _____ Last Name _____	
	Date of birth: _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: 0.8em;"> <span>_____ day</span> <span>_____ month</span> <span>_____ year</span> </div>	
	Age : _____	Height : _____
	Weight : _____	
	Medical Insurance Number : _____ Expiration date : _____	
Permanent Address: _____ _____ _____		
Allergies	<b>Important !</b> If you are allergic to bee or wasp stings, or have a severe food allergy, please be sure to send no less than two Epi-Pens.	
	<b>Food Allergies</b>	<b>Describe reaction and required treatment.</b>
	<b>Medical allergies</b>	<b>Describe reaction and required treatment.</b>
	<b>Other allergies</b>	<b>Describe reaction and required treatment.</b>
Medication	Please list all the medicines that you take regularly. Bring enough medicine for the duration of the trip.	
	Médicine #1	Dosage/administration schedule      Symptom treated
	Médicine #2	Dosage/administration schedule      Symptom treated
	Médicine #3	Dosage/administration schedule      Symptom treated
Medical History	Please check the sicknesses/diseases that you have had.	
	Measles <input type="checkbox"/>	Chicken Pox <input type="checkbox"/>
	Mumps <input type="checkbox"/>	German Measles <input type="checkbox"/>
		Hepatitis <input type="checkbox"/>