

Restavec Freedom Alliance Trip Application



Medical Information Form

Name: _____ **Trip Date:** _____

Medical Information

How would you describe the state of your current health? Please include any allergies, recent or long term sicknesses and diseases such as Diabetes. Please list any current prescriptions drug which you are currently taking. Thoroughly describe any health related problems with your heart, blood pressure, or lungs?

Medical Clearance & Insurance Information

Please have your primary physician write a short summary of vaccinations he or she administered and whether or not he or she believes you are medically able to travel in a developing country prone to disease outbreaks. Please make sure to record the dates of vaccinations administered.

Name (printed)	
Signature	
Date	
Telephone #:	
Insurance Carrier	
Insurance Group #	
Insurance Phone #	