

TRAVELLERS' HEALTHCARE INFORMATION FORM

When travelling abroad it's important to share your health information with your loved ones before you leave in the event that anything goes wrong. Take a moment to complete the information in this form and leave a copy with your emergency contact. Be sure to also bring a copy of this form with you on your travels.

Your emergency contact(s)			
Name <small>(contact this person first in the event of an emergency)</small>			
Address			
Phone number		Email address	
Name <small>(alternate contact)</small>			
Address			
Phone number		Email address	
Primary health care provider or doctor in Canada			
Name			
Address			
Phone number		Email address	
Date of your last physical/checkup			
Travel information at your destination(s)			
Property/resort/hotel name			
Address			
Phone number		Email address	
Website			
Property/resort/hotel name			
Address			
Phone number		Email address	
Website			
Property/resort/hotel name			
Address			
Phone number		Email address	
Website			

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An emergency contact at your destination(s), if available			
Name			
Address			
Phone number		Email address	
Name			
Address			
Phone number		Email address	
Hospital or clinic at your destination(s)			
Name			
Address			
Phone number		Email address	
Name			
Address			
Phone number		Email address	
Primary health care provider or doctor at your destination(s), if applicable			
Name			
Address			
Phone number		Email address	
Name			
Address			
Phone number		Email address	
Closest Canadian embassy, consulate or high commission office at your destination(s)			
Destination			
Address			
Phone number		Email address	
Destination			
Address			
Phone number		Email address	
Out-of-country health insurance provider			
Name of provider			
Policy number			
Details of your insurance policy		Emergency phone number	

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Other insurance provider(s) (life, travel, vehicle, cancellation, etc.)				
Name of provider				
Policy number				
Details of your insurance policy		Emergency phone number		
Name of provider				
Policy number				
Details of your insurance policy		Emergency phone number		
Important medication(s) and refill information				
Name of drug (generic & trade)	Prescribed dosage	Reason for taking the medication	Name & phone number of the pharmacy that dispensed the drug	Medication refill number
Important health information your emergency contacts should know (pre-existing medical conditions such as allergies, heart conditions, diabetes, etc.)				
<input type="checkbox"/> Copy of your <u>immunization record</u>				
Glasses or contacts prescription				
	Left eye	Right eye	Notes	
Glasses				
Contacts				