

**Princeton University Health Services
Confidential
Travel Abroad Medical Profile and Consent for Care**

After completion, give sealed envelope containing form to trip leader. Include up-to-date copy of immunizations history.

Name: _____

M F

Home phone: _____

Address: _____

Date of Birth: _____

In Case of Emergency Notify:

1. Name: _____

Relationship to you: _____

Phone: _____

2. Name: _____

Relationship to you: _____

Phone: _____

Personal Physician:

Name: _____

Phone: _____

Address: _____

Health Insurance:

Company: _____

Policy #: _____

Group #: _____

Phone: _____

Address: _____

Blood Type (if known): _____

Allergies and Drug Reactions:
(describe type of reaction)

Current Medications:
(include exact dosage and reason for medication)

Current Medical Problems or Health concerns:
(list ALL problems whether or not they affect your activity)

Past Illness/Hospitalizations/Surgery:
(list ALL significant past illness, and all hospitalizations and surgeries; give dates)

Have you ever had chickenpox? Yes No

REMINDERS:

- Include an up-to-date copy of your immunization record if you have a significant allergy or health problem, obtain and wear a MedicAlert bracelet (1-800-ID ALERT)
- Inform your trip leader of any conditions that will restrict your activity or otherwise affect your ability to participate in this trip
- Make an appointment with the Travel and Immunizations Office of University Health Services (258-5357) to update immunizations and obtain travel health advice, preferably 3-6 months before travel
- Provide this form and your immunization record in a sealed envelope to your trip leader

I give permission for this form to be opened by my trip leader and provided to health care personnel in the event that I require medical care during this trip.

In the event that I am unable to give consent to medical care myself, I hereby give permission for my trip leader or his/her representative to consent to care for me, including medical and surgical treatment and hospitalization if necessary.

For travelers under age 18: I give permission for the trip leader or his/her representative to obtain and consent to care for my son/daughter, including medical and surgical treatment and hospitalization if necessary, in the event that I cannot be reached in an emergency.

Signature

Date

Phone: _____