

REGISTRATION FORM/CONSENT

NAME: _____ DOB: _____ AGE: _____ GENDER: F M
LAST NAME FIRST NAME MI MM/DD/YYYY

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____ EMAIL: _____
HOME OFFICE CELL

EMPLOYER: _____ OCCUPATION: _____

EMERGENCY CONTACT: _____
NAME RELATIONSHIP PHONE #

PRIMARY CARE PHYSICIAN: _____
NAME PHONE ADDRESS

AS A COURTESY, WOULD YOU LIKE US TO SEND YOUR PHYSICIAN A COPY OF YOUR IMMUNIZATION RECORD? YES NO

MAY WE CONTACT YOU VIA EMAIL / REGULAR MAIL? YES NO (e-mail and address information is kept strictly confidential)

HOW DID YOU HEAR ABOUT PASSPORT HEALTH? PHYSICIAN HEALTH DEPT FAMILY/FRIEND EMPLOYER
 INTERNET PHONE BOOK TRAVEL AGENT OTHER _____

THIS SECTION IS FOR TRAVELING CLIENTS – IF YOU ARE NOT TRAVELING, SKIP TO THE BACK

PLEASE LIST THE COUNTRIES YOU ARE TRAVELING TO (IN THE ORDER YOU PLAN TO VISIT), & THE LENGTH OF STAY IN EACH COUNTRY:

_____	_____
<small>COUNTRY</small>	<small>LENGTH OF STAY</small>
_____	_____
<small>COUNTRY</small>	<small>LENGTH OF STAY</small>
_____	_____
<small>COUNTRY</small>	<small>LENGTH OF STAY</small>
_____	_____
<small>COUNTRY</small>	<small>LENGTH OF STAY</small>

DEPARTURE DATE: _____ RETURN DATE: _____

REASON FOR TRAVEL: TOURIST BUSINESS STUDENT ADOPTION MISSIONARY
 TEACHER FIELD WORK OTHER _____

ACCOMODATIONS: HOTEL RESORT CAMPING CRUISE SHIP
 HOME/FAMILY YOUTH HOSTEL OTHER _____

DO YOU PLAN TO VISIT ONLY TOURIST AREAS OR MAJOR CITIES? YES NO
DO YOU PLAN TO VISIT RURAL AREAS? YES NO
DO YOU PLAN TO VISIT RURAL AREAS DURING EVENING OR NIGHTTIME HOURS? YES NO
DO YOU PLAN TO GO HIKING OR BACKPACKING? YES NO
DO YOU PLAN TO GO BICYCLING? YES NO
DO YOU PLAN TO GO SWIMMING? YES NO
IF YES, WHERE? (i.e.: chlorinated pool, lake, stream, ocean): _____
DO YOU PLAN TO TRAVEL OR TO CLIMB TO HIGH ALTITUDE? YES NO
DO YOU PLAN TO SCUBA DIVE? YES NO
IF YES, ARE YOU CERTIFIED? YES NO
WHEN IS AIR TRAVEL SCHEDULED AFTER LAST DIVE? _____