

# MEDICAL FORM

YOUR NAME: \_\_\_\_\_

## I. PHYSICIAN'S INFORMATION

Please give the name, address, and contact information for your doctor and/or medical group. This information is only for an emergency situation where we would want to contact your personal doctor if deemed necessary or useful by medical personnel.

Physician's Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone Number Alternate Telephone Number Date of last check-up or office visit

Any known allergies: \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_

Any known medical conditions: \_\_\_\_\_

Completed vaccinations: \_\_\_\_\_

I have obtained health insurance that will cover me while outside the US, including MediEvac insurance? Yes No (Note: CFC requires Travel Medical Insurance be purchases for all CFC-sponsored trips.\*)

Name of Company: \_\_\_\_\_ Group ID or Policy #: \_\_\_\_\_

## III. IN CASE OF EMERGENCY, NOTIFY

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

*I give my permission for my team leader or team medic to be given a copy of this form for overseas emergency use only.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

\* We recommend you purchase a Travel Insurance policy that includes at least \$500,000 Medical Evacuation and \$25,000 Medical Protection (\$0 deductible) coverage. Here are some recommended sites which allow you to compare multiple policies:

<https://www.travelinsurance.com> <https://www.insuremytrip.com> <https://www.squaremouth.com>