

# Performer Medical Travel Disclosure Form

## Performer Information

Full Name

Date of Birth

Contact Number

Email Address

## Travel Details

Travel Destination (City, Country)

Travel Dates

Purpose of Travel

## Medical Procedures Disclosure

Medical Procedure(s) to be Performed

Medical Facility/Clinic

Attending Physician

## Additional Medical Information

Relevant Medical Conditions

Current Medications

Known Allergies

## Emergency Contact

Name

Relationship

Contact Number

## Disclosure & Certification

I hereby declare that the above information is accurate and complete to the best of my knowledge.

☐

Signature

Date