

# Medical Tourism Pre-Travel Screening

## Personal Information

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Full Name

Date of Birth

Passport Number

Nationality

Contact Number

Email Address

## Travel Details

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Destination Country

Expected Arrival Date

Planned Length of Stay (days)

Purpose of Visit / Medical Procedure

## Medical History

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Existing Medical Conditions

Current Medications

Known Allergies

Previous Surgeries

## Vaccination & Screening

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Vaccinations Received (e.g. COVID-19, Hepatitis)

Recent Medical Tests/Results

## Emergency Contact

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Name

Relationship

Contact Number