

Senior Traveler Health Assessment

Personal Information

Full Name

Date of Birth

Gender

Travel Details

Destination(s)

Travel Dates

Type of Travel

Medical History

Chronic Illnesses (e.g., diabetes, heart disease)

Current Medications

Allergies

Past Surgeries or Hospitalizations

Functional Assessment

Mobility Issues

Assistive Devices Used

Immunizations & Preventive Care

Vaccinations (e.g., flu, COVID-19, yellow fever)

Recent Health Checks

Emergency Contact

Contact Name

Relationship

Phone Number

Additional Notes