

# Chronic Condition Management Plan for Travelers

## Traveler Information

Name

Date of Birth

Contact Information

Emergency Contact Name & Relationship

Emergency Contact Number

Health Insurance Details

## Chronic Condition Details

Condition(s)

Current Status / Last Assessment

Treating Physician Name & Contact

## Medications

Medication Name

Dosage & Frequency

Special Instructions

Allergies and Adverse Reactions

## Travel Considerations

Required Medical Equipment/Supplies

Temperature/Moisture/Light Sensitivities

Vaccinations / Prophylaxis Needed

Planned Destinations

## Action Plan

Signs of Worsening Condition

Immediate Steps if Symptoms Occur

When to Seek Emergency Care

Useful Phrases (in local language)

**Additional Notes**