

Business Traveler Medical Information Declaration Form

Personal Information

Full Name

Date of Birth

Passport Number

Country of Residence

Travel Information

Destination Country

Travel Dates

Purpose of Travel

Medical Information

Existing Medical Conditions

Medications Taken

Allergies

Immunizations (relevant to destination)

Travel Medical Insurance Provider

Emergency Contact Name

Emergency Contact Phone

Declaration

I declare that the information provided is accurate and complete.

Signature

Date