

Elite Triathlete Travel Medical History Form

Personal Information

Full Name

Date of Birth

Gender

Nationality

Passport Number

Emergency Contact Name

Emergency Contact Phone

Travel Details

Travel Destination(s)

Travel Dates

Medical History

Have you ever had (check all that apply):

☐ Diabetes

☐ Asthma

☐ Heart Disease

☐ Epilepsy/Seizures

☐ Hypertension

☐ Major Injuries

Other medical conditions

Current Medications

Allergies (medications/foods/insects)

Do you have any restrictions or require assistance?

☐ Yes

☐ No

If yes, please specify

Vaccination/Immunization History

COVID-19 Vaccination Status

Tetanus

Other Vaccinations (hepatitis, yellow fever, etc.)

Additional Information

Recent illness, hospitalization, or surgeries

Other relevant information

