



Ship « _____ »

Individual Medical Information

NAME:

Blood type :

First name:

Weight (kg) :

Date of birth:
(dd/mm/yyyy)

Size (cm) :

Gender :

Historical and current treatments

Referent doctor and contact details

Allergies

Vaccinations

Anti-tetanus:

Date of last booster

Yellow fever:

(Check mandatory vaccination according to your destination)

Other vaccinations:

Surgery history:

Other relevant information: