



International Health & Safety Form

THIS FORM IS REQUIRED.
Please read carefully and complete entire form.
Form is confidential and must be returned to
Kaydie Vistelle no less than **six weeks** prior to
the program start.

Tour Date _____

Name (as it appears on passport) _____ Nickname (if any) _____

Home Address _____

Home phone _____ Cell phone (or alternate phone) _____

Age _____ Birthday (mm/dd/yyyy) ____ / ____ / ____ Female Male

Traveling Companion/Roommate Name (if any) _____

PASSPORT INFORMATION (Required)

Number _____ Date issued _____ Expiration Date _____

Country of Issue _____ Place of Birth _____
City _____ State _____ Country _____

Person to notify in event of an emergency / next-of-kin (someone other than your traveling companion):

Name _____ Relationship _____

Home phone _____ Cell and/or work phone _____

MEDICAL INFORMATION AND RESTRICTIONS (Please read information on reverse before completing this section)

Do you have **medical condition(s)** such as allergies, injuries, diabetes, emphysema, heart condition, seizures, recent surgery, or others that would be important to know about in case of an emergency? No Yes

If "Yes," please specify:

Do you require prescription or other medication(s) on a regular basis? No Yes

If "Yes," please list and indicate reason(s) for taking (attach another page if more space is needed):

Do you have any **restrictive food allergy(s)**? No Yes

If "Yes," please specify:

Is there any additional information you would like us to know?