



MY ABROADMDS MY PIMS PRIVATE INDIVIDUAL MEDICAL SUMMARY

PERSONAL INFORMATION

1. Name

First Name:

Last Name:

2. Email:

3. Cell Phone Number:

4. Address

Street Address:

Street Address Line 2:

City:

State / Province:

Postal / Zip Code:

5. My Abroad Address

Street Address:

Street Address Line 2:

City:

State / Province:

Postal / Zip Code:

PHYSICAL ATTRIBUTES

5. Height:

6. Weight:

7. Hair Color:

8. Eye Color:

9. Blood Type:

10. Any Piercings, Tattoo's or Birthmarks?

MEDICAL INFORMATION

11. Allergies and Vitamins:

12. Prescriptions:

13. List any Pre-existing Conditions:

EMERGENCY CONTACTS

14. First Emergency Contact and Cell Phone Number:

15. Second Emergency Contact and Cell Phone Number:

16. Third Emergency Contact and Cell Phone Number:

PHYSICIANS CONTACTS

17. My Local Physicians Name, Email and Office Phone Number:

18. Additional Physicians Name, Email and Office Phone Number:

DOCUMENTS (Upload as necessary)

19. My ID or Passport (front and back image)

20. My Legal Documents (i.e. Young Adult Power of Attorney)

21. My Travel Insurance Card (front and back image)

22. My Health Insurance Card

23. My Abroad Doctors

24. Other Documents Important To Me