

My PIMS

PRIVATE INDIVIDUAL MEDICAL SUMMARY

PERSONAL INFORMATION

1. First Name: _____

Last Name: _____

2. Email Address: _____

3. Cell Phone Number: _____

4. 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 Conditons: _____

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