

# MY PIMS

## Private Individual Medical Summary



### Personal Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: \_\_\_\_\_

### Street Address

Street Address Line: \_\_\_\_\_

City: \_\_\_\_\_

State / Province: \_\_\_\_\_

Postal / Zip Code: \_\_\_\_\_

### Physical Attributes

Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Weight: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Appearance: \_\_\_\_\_

Piercings

Tattoos

Birthmarks

### Medical Information

Allergies & Vitamins:

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Prescriptions:

List any Pre-Existing Conditions:

### Contacts

Contact #1 Name: \_\_\_\_\_

Contact #1 Cell Phone: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_

Contact #2 Cell Phone: \_\_\_\_\_

Contact #3 Name: \_\_\_\_\_

Contact #3 Cell Phone: \_\_\_\_\_

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### Physicians Contacts

Local Physicians Name: \_\_\_\_\_

Local Physicians Email: \_\_\_\_\_

Local Physicians Office Phone Number: \_\_\_\_\_

Additional Physicians Name: \_\_\_\_\_


Additional Physicians Email: \_\_\_\_\_


Additional Physicians Office Phone Number: \_\_\_\_\_

### Documents (Upload as Necessary)

My ID or Passport (front and back image) 

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

My Travel Insurance Card (front and back image) 

My Health Insurance Card (front and back image) 

My Abroad Doctors 

Other Documents Important to Me 