



## Passenger Information Form

You must have a valid passport at the time you fill out this information. Please use names as they appear in your passport. Passport needs to be valid for a minimum of 6 months from your travel.

Last Name:	First:	Middle:
Mailing Address:		
City, State, Zip:	Email:	
Phone Number:	Mobile Number:	

### ----- Health Information -----

How is your general state of health?

---

---

Special medical, physical, dietary limitations, or allergies?

---

---

Primary Physician: \_\_\_\_\_

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

List all Rx medications (recommended):

---

---

### ----- Emergency Contacts -----

List two individuals not traveling with you who you are confident will assume responsibility for you in case of an emergency.

Name (1):	Name (2)
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Cell:	Cell:
Email:	Email:
Relationship to you:	Relationship to you:

Signature: \_\_\_\_\_

Trip Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_