

Participant Health Information

*Each participant is asked complete this form and **submit to group leader immediately**. In the event of a medical emergency here in Guatemala, it is imperative that our trip facilitators are aware of the health conditions of each traveler. Please provide detail in the right-hand column about health conditions you are aware of.ⁱ The information shared on this form will be kept highly confidential and only shared with the Intercultural Encounters Facilitation Team for health and safety purposes.*

Name: _____ Group Name: _____

Blood Type:	
Allergies:	
Mobility issues:	
Immunocompromising conditions and medications:	
Seizure Disorder:	
Recent Surgery:	
Recent Cardiopulmonary event:	
Recent Cardiovascular Event:	
Recent Respiratory Illnesses (Include COVID-19):	
Pregnant or Breastfeeding: (If pregnant, please share due date)	
Other:	
Current Medications and dosage:	

Are you covered by your health insurance for travel out of the country? Yes () No ()

If yes, Insurance company: _____

Policy holder's name: _____

Policy number: _____

Phone number for international claims: _____

If no, will you be buying travel insurance: _____ Yes () No ()

Name [printed]: _____ Signature: _____

Date: _____

ⁱ From <https://wwwnc.cdc.gov/travel/yellowbook/2020/preparing-international-travelers/the-pretravel-consultation#table201>