



Medical History Travel Card

First Name: _____ Last name: _____

Age: _____ Sex: _____ DOB (mm/dd/yy): _____

Height: _____ (inches / cm) Weight: _____ (lbs / kg)

Address: _____
Street and number apartment number

_____ City Province postal code

Health Card Number: _____ Family Physician: _____

Emergency contact name: _____

Relationship: _____ Emergency contact phone number: _____

Pertinent medical history, allergies and medication:



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