

Gardner-Webb University

Travel Information and Health Form

Printed Name: _____ Student ID #: _____
(as it appears on passport)

Address: _____
(street) (city) (state) (zip)

Telephone Number: (____) _____ E-mail Address: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____
(print full name)

Address: _____
(street) (city) (state) (zip)

Home Phone: (____) _____ Work Phone: (____) _____

Medical Insurance Carrier Name: _____ Policy #: _____

The following information will be used to assist on-site personnel if you have a health emergency.
(use the back of form for additional space)

List prescription medicines and dosages you are taking: _____

List any allergies you have: _____

Other health information we may need to know: _____
(explain)

IMMUNIZATIONS: (circle response)

Yes/No	Tetanus and diphtheria
Yes/No	Measles, mumps, rubella

Immunizations for: _____ (Country/Countries traveling to)

Yes/No	_____
Yes/No	_____
Yes/No	_____
Yes/No	_____

I hereby certify that I am in good health and that there should be no problems regarding my condition that might prevent me from participation in all scheduled activities.

Signature: _____ Date: _____