



Traveler Health & Medical Profile

This form helps ensure that your Group Leader is aware of any relevant medical and behavioral health information so they are able to support travelers through any situations that may arise on tour. It's important to fill out this form completely and accurately and to return it to your Group Leader at least 30 days before your tour departs. This form is not collected by EF.

We also recommend that you and your child be aware of the health- and disease-related issues unique to your intended destination. Please consult the Centers for Disease Control and Prevention at cdc.gov, and see its specific section on "Travelers' Health" before tour.

Traveler name: _____

Emergency contact name: _____

Emergency contact phone number: _____

Alternate emergency contact name: _____

Alternate emergency contact phone number: _____

Special arrangements

Earlier in the pre-departure process, your Group Leader and EF requested to know if you and/or your child have any special transportation, hotel, or other logistical requests during the tour. Please list any such requests on this form as well (e.g., wheelchair, interpreter).

Have these requests been communicated to your Group Leader directly? (Circle) Yes / No

If yes, please contact your Group Leader if you have not yet received confirmation that EF can fulfill your request(s).

If no, please be sure to contact your Group Leader directly to speak about these requests as soon as possible. While we cannot guarantee that we'll be able to fulfill every request, EF's team in your destination will review all possible options.

Food allergies and preferences, asthma, and other respiratory issues

Are you and/or your child allergic to any medication, food, etc. or do you and/or your child have any food preferences (Kosher, vegetarian, etc)? Have you and/or your child been diagnosed with asthma, including exercise-induced asthma? Have you and/or your child been diagnosed with any other respiratory difficulties? If you answered yes to any of the above, please describe.

If your child might require the use of an inhaler or Epi-pen on tour, please ensure your child packs multiple doses in their carry-on luggage and that they are able to administer the Epi-pen themselves, if necessary. Please follow the same steps for yourself if you might require the use of an inhaler or Epi-pen on tour.

In the case of severe allergies, we will do our best to ensure that tour suppliers are informed of the situation once we are informed by your Group Leader, but we cannot guarantee that all requests will be fulfilled.



Physical & behavioral health

Do you and/or your child have any other medical or behavioral health conditions? Examples could include migraines, anxiety, panic attacks, seizures, restricted eating or bingeing/purging, Crohn’s Disease or other gastrointestinal difficulties, cutting or other self-harm behaviors, diabetes, depression, thoughts of suicide, or anything else you think your Group Leader should know.

If you and/or your child have any medical or behavioral health conditions and/or have been hospitalized within the past two years, please describe.

For all medical and behavioral health issues, conditions, and allergies noted above:

Local health resources vary based on tour destination, and travelers may not have access to English-speaking medical or behavioral health clinicians immediately during an urgent or crisis situation. With this in mind, please discuss the care you and/or your child may require with your and/or your child’s medical and behavioral healthcare provider(s), if applicable.

Have you talked with your healthcare provider(s) to discuss your and/or your child’s treatment plan during your upcoming travels?

Will you and/or your child need any medical or behavioral health support from clinicians or other professionals during your tour? If so, what arrangements have you put in place to make that feasible for you and/or your child while on tour?

If you and/or your child have a flare up of medical or behavioral health difficulties, what are useful strategies for managing them?

Please list any signs, symptoms, or behaviors that the Group Leader should be aware of that signal you and/or your child may be having trouble with a medical or behavioral health issue, or that one may be developing:

Prescription medication

It is important to ensure the traveler continues to take any prescribed medication as directed by their healthcare provider while they are on tour. This could include adjusting to new time zones or changes in altitude. Please check with your and/or your child’s prescribing healthcare provider prior to travel for any necessary dosage information and adjustments. We strongly recommend that you and/or your child bring enough doses of each prescription for up to 14 days post-tour in the event of any COVID-related isolation or quarantine periods. All prescriptions should be stored in their original packaging with labels visible, and be packed in carry-on luggage.



Do you and/or your child take any take any prescription medications? Please list prescriptions and dosage information.

Prescription name	Dosage and frequency	Purpose	Symptoms or side effects to look out for	Additional notes

Over-the-counter medication

The Group Leader may administer certain over-the-counter medications to you and/or your child if necessary. Are there any restrictions that the Group Leader should be aware of?

Primary insurance coverage

Even if you and/or your child have enrolled in the Global Travel Protection Plan offered by EF, the medical and accident benefits are secondary to your primary medical insurance. Please provide the policy and contact information for your primary insurer.

Provider name: _____

Policy number: _____

Does this policy include international coverage? _____

Additional information

Is there any other information about your and/or your child's health or medical history that should be conveyed to your Group Leader prior to the tour? If so, please describe here.

Parent/Legal guardian signature: _____ Date: _____