

STUART COHEN'S SAMPLE SPECIAL INFORMATION FORM FOR GROUP TRAVELERS

THE INFORMATION YOU PROVIDE HERE WILL BE KEPT PRIVATE & CONFIDENTIAL! Our goal is to be AWARE and PREPARED so that your journey is stress-free and joy-ful! After clicking SUBMIT you will receive an email copy of the information you entered. Thank You!

GUEST ONE

GUEST ONE

sample1 guest

GUEST ONE BIRTHDATE

Thursday, February 20, 2020

1a. ALLERGY?

enter free text

1b. TYPE of ALLERGIC REACTION?

enter free text

1c. TREATMENT for ALLERGIC REACTION?

enter free text

2. MEDICAL CONDITIONS?

enter free text

3a. PRESCRIPTION MEDICATIONS?

enter free text

3b. NON-PRESCRIPTION MEDICATIONS?

enter free text

4. ANY SPECIAL DIETARY CONCERNS?

enter free text

5. ANY OTHER SPECIAL MEDICAL INFORMATION?

enter free text

GUEST TWO

GUEST TWO

sample2 guest

GUEST TWO BIRTHDATE

Friday, February 21, 2020

1a. ALLERGY?

enter free text

1b. TYPE of ALLERGIC REACTION?

enter free text

1c. TREATMENT for ALLERGIC REACTION?

enter free text

2. MEDICAL CONDITIONS?

enter free text

3a. PRESCRIPTION MEDICATIONS?

enter free text

3b. NON-PRESCRIPTION MEDICATIONS?

enter free text

4. ANY SPECIAL DIETARY CONCERNS?

enter free text

5. ANY OTHER SPECIAL MEDICAL INFORMATION?

enter free text

GENERAL INFORMATION

6. EMERGENCY CONTACT INFORMATION

enter free text

7. PERSONAL MEDICAL INSURANCE

enter free text

8. OTHER TRAVEL INSURANCE (if you have NOT taken ours)

enter free text

9. SPECIAL OCCASION & CELEBRATIONS?

enter free text

E-mail

stuartlloydcohen@gmail.com

Thank You!