

**Short Term Team
Emergency & Medical
Questionnaire**



Insurance Information

Please make sure that you have appropriate travel insurance that includes emergency airlift evacuation! Please bring proof of health insurance and evacuation insurance with you!

Name of Health Insurance Company:

Phone Number: **Plan #:**

ID #: **Blood Type:**

Emergency Contact:

Relation:

Phone :

Travel Insurance Information

*** only fill out if this is in addition to your health insurance**

Name of Insurance Company:

Phone Number: **Plan #:**

ID #:

Health Issues: *Please inform us of any allergies or medical precautions that need to be taken during your visit in Zambia. Please make sure to pack any medications needed in your carryon luggage.*

Please use this space if there is addition information pertinent to your medical needs while in Zambia.

Notes: [Click here to enter text.](#)

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