

Travel Health & Safety Prep Sheet

For Serious Peace of Mind Before You Go

No scary stuff here, just pure peace of mind. Fill this out, keep a copy in your bag, and share a copy with someone you trust. You'll thank yourself later.

Basic Health Snapshot

Primary Doctor: _____

Key Diagnoses: _____

Allergies: _____

Daily Medications (list below in Section 4)

Emergency Contact Info

Name: _____

Relationship: _____

Phone/Email/ _____

Local Emergency Number in Destination: _____

Insurance & Medical Access

Health Insurance Provider: _____

Travel Insurance Provider (if applicable) _____

Emergency Medical Number (insurer) _____

Coverage notes (international, evacuation, etc.) _____

Medication Summary

Medication	Dosage	Frequency	Notes

Key Documents Checklist

- Passport
- Vaccine Card
- Medical Summary(print + digital)
- Prescriptions (labeled, with generics)

STEP 3: Emergency Contact Info

Name: _____

Relationship: _____

Phone/Email/ _____

Local Emergency Number in Destination: _____

4 Medication Summary

Medication	Dosage	Frequency	Notes

Key Documents Checklist

- Passport
- Vaccine Card
- Medical Summary prnt + digital)
- Prescriptions (labeled, with generics)
- Doctor's note for controlled meds
- Emergency contact card
- Insurance card
- Blood type info

Trip-Specific Notes

Each partner writes one commitment to the other.

- Altitude concerns?
- Heat/cold sensitivity?
- Rest stop needs?
- Special meal needs?