

PARTICIPANT INFORMATION FORM

TRIP NAME: Cambodia Study Tour

DATES OF TRIP: January 31– February 7, 2016

The following form is intended to assist in the overall planning of the trip. Please be as thorough, accurate, and detailed as possible.

Name on passport (last, first, middle initial)

Name you prefer to be called

Date of birth

Citizenship

Passport number

Passport date of issue

Passport place of issue

Passport expiration date

Mailing address – please provide a street address, not a P.O. Box

City, state, zip code

Telephone numbers (day, evening, cell) and email address

Dietary restrictions (if vegetarian, please be specific):

Allergies to medication or food:

Significant vision or hearing problems:

Walking or mobility problems:

Do you wear a medical alert bracelet, or otherwise have a medical condition that may require emergency treatment? If so, please explain the nature of the condition and what emergency medical treatment might be necessary:

Do you have any underlying or pre-existing medical conditions that may call for emergency medical treatment and/or that AJWS or emergency care practitioners should be aware of (including in case you are unable to communicate for yourself)?

Please list all physicians, psychiatrists, and psychologists from whom you have sought care or treatment in the last year (provide names and addresses):

Are you currently suffering from mental health, social, or behavioral illnesses or disorders (or do you have a history of any such illnesses or disorders)? If yes, please explain.

Do you have a history of drug or alcohol dependency or abuse?

Special events to be celebrated during the trip (e.g., anniversary, birthday):

We ask each participant to send us a bio to be shared with the group before the trip. We encourage you to include a few sentences about yourself and one thing you are hoping to come away with from this experience. Please submit it via email to ngrobani@ajws.org.

In case of emergency, please notify:

Name/Relationship

Telephone numbers (day, evening, cell)

Email address

Street address

City, state, zip code

American Jewish World Service requires you to have your own basic health insurance coverage that covers you while you are traveling abroad. The AJWS Agreement and Release Form that you must sign in order to participate in any of our programs contains a clause stating that you do indeed have such coverage. It is very important that you confirm with your insurance provider that your health insurance does in fact cover you while abroad in the developing world.

Information on your current health insurance coverage:

Carrier: _____

Policy type and number: _____

Supplemental insurance information:

Carrier: _____

Policy type and number: _____

An important checklist: To ensure that you are covered for overseas, please call your carrier and ask them the following:

1. Does my health insurance policy cover me for medical care received while traveling overseas?
 Yes No
2. Does my health insurance policy cover me for medical care at home for an illness or injury that I received while overseas?
 Yes No

If you answered no to any of the above questions, you must purchase supplemental health insurance for international travelers. The following web sites are resources for purchasing low-cost comprehensive coverage. AJWS does not endorse or have an affiliation with any of these providers. It is your responsibility to read and understand your contract.

- <http://www.travelhealth.com>
- <http://www.internationalsos.com>
- <http://etravel.americanexpress.com>
- <http://www.healthinsurancefinders.com/index.html>
- <http://www.legendtravelers.com/>
- <http://www.terrytours.com>
- <http://www.internationalplan.com/>
- <http://www.allaboardbenefits.com>
- <http://www.eglobalhealth.com>
- <http://www.imglobal.com/>

I certify that the information on this form is true, accurate, and complete.

Signature

Date

Print Name