

ADVENTURES TO THE EDGE, LTD.
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HEALTH PASSPORT AND INFORMATION. (2006)
(3 pages)

Last Name:

First Name:

Date and place of birth:

Address:

City:

Zip code:

Country:

Phone:

Fax:

E-mail:

Passport #:

Date and place of issue:

IN CASE OF NEED:

Who to contact: #1:

Name:

Address:

Phone:

Fax:

e-mail:

In case of Needs:

Who to contact: #2:

Name:

Address:

Phone:

Fax:

E-mail:

FAMILY DOCTOR:

Name:

Address:

Phone:

Fax:

E-mail:

INSURANCE:

#1 / Name and address:

Policy #:

Phone:

Fax:

E-mail:

Insurance #2 /

Name and address:

Policy #:

Phone:

Fax:

E-mail:

INTERNATIONAL ASSISTANCE:

Name and address:

Phone:

Fax:

E-mail:

PERSONAL INFORMATION:

Blood group / Rhesus factor:

Known allergies or incompatibilities:

Current illnesses:

Previous important medical problems:

Therapies under way:

Emergency medicine for known problems:

Wearing contact lenses:

SUPPLEMENTARY REMARKS:

(about you and about the people we may contact. Best time, home or office who is more likely to answer the phone, how to relay messages, etc. Dietary needs. Allergies, medical history, previous injuries.)

