



# HEALTH AND EMERGENCY CONTACT INFORMATION SHEET

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Cell Phone

**Emergency Contact Information:**

**Health Information:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Health Insurance Provider

\_\_\_\_\_  
Relationship to You

\_\_\_\_\_  
Contract Number

\_\_\_\_\_  
Home/Work Phone

Have you purchased additional travelers insurance?

\_\_\_\_\_  
Cell Phone

YES-----NO\* (see below)

\_\_\_\_\_  
Emergency Insurance Provider

\_\_\_\_\_  
Contract Number

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Health Issues: \_\_\_\_\_

Special Dietary Issues: \_\_\_\_\_

**Supplementary Information:**

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Driver's License State of Issue

\_\_\_\_\_  
Date of Birth

WHY CHOOSE STA TRAVEL INSURANCE



**24/7 EMERGENCY ASSISTANCE**  
For emergency assistance anywhere in the world at any time, feel free to call.



**DIRECT BILL PROVIDER**  
Cashless Access to Worldwide Medical Network



**ACCESSIBLE ONLINE TOOLS**  
Includes online submissions for claims, provider network access, along with access to various online forms.

\*<https://www.statravel.com/travel-insurance.htm>

<https://step.state.gov/step/>

Have you registered in the SMART TRAVELER

Program with the US Department of State? YES----NO



**Smart Traveler Enrollment Program**  
A SERVICE OF THE BUREAU OF CONSULAR AFFAIRS  
U.S. Department of State