

Medical Alert (traveller to complete details below)

Name.....

This patient is under the care of Dr.....

Contact information:
.....
.....

Should he/she present unwell with any of the symptoms of:

.....
.....
.....
.....

Please do the following tests:

.....
.....
.....

Medicines this patient takes (write below or attach copy of prescription):

.....
.....
.....
.....
.....

For more information on this condition visit website:

.....