



	Ship « Tánana »
	Individual Medical Record
NAME : First name : Date of birth : Gender	Blood group : Weight : Height :
Medical history and current treatments.	
Primary care physician :	
Known allergies	
Vaccinations: date of last booster (be aware of mandatory vaccinations in some countries).	Anti-tetanus : Yellow fever : Other vaccinations :
Surgical history	
Other useful details (if applicable) :	