Belize Foundation for Research
& Environmental Education

Contact and Health Information:

Please fill out this form completely and accurately. Thorough answers will enable us to respond to any problem or emergency that may arise. Please include a photocopy of your passport information page along with the completed form.

Name:_____

Birthday:_____/_____/_____ Age:_____

Gender:_____ Pronouns:_____

Email:_____

Cell #:_____ Home/Office #:_____

Permanent Address: _____

_____

Emergency Contact: _____

Relationship:_____ Cell #:_____

Email:_____

2nd Emergency Contact: _____

Relationship:_____ Cell #:_____

Email:_____

I am a: _____Student _____Instructor _____Volunteer

_____Visitor _____Researcher _____Other

Dates of Stay in Belize: _____

Passport Information Page Photocopy Attached

Insurance Carrier:_____

Policy #:_____

Blood Type:_____

Dietary Restrictions?_____

MEDICAL HISTORY - PLEASE MARK ALL THAT APPLY

- ☐ COVID-19 Vaccine (Required)
- ☐ Eating Disorder
- ☐ Crohn's Disorder
- ☐ Chronic Diarrhea
- ☐ Fainting
- ☐ Drug Problem
- ☐ Back Problems
- ☐ Knee/Other Joint Problems
- ☐ Heat Exhaustion
- ☐ Rheumatic Fever
- ☐ Poor Circulation
- ☐ Arthritis
- ☐ Mononucleosis
- ☐ Raynaud's Syndrome
- ☐ Asthma

Are you currently on medication?_____
What type?_____

- ☐ Seizures

If so, when was your last seizure?_____
Are you currently on medication?_____
What type? _____

- ☐ Bronchitis

Are you currently on medication?_____
What type?_____

- ☐ Diabetes

Injection:_____ Pill _____ Diet:_____

- ☐ Abnormal Blood Pressure

Are you currently on medication?_____
What type?_____

- ☐ Hypertension

Are you currently on medication?_____
What type?_____

- ☐ Dental Issues _____
- ☐ Eye Issues_____
- ☐ Mental Health_____
- ☐ Sleepwalking_____
- ☐ Stomach/Intestinal Problems

ALLERGIES

- ☐ Penicillin
- ☐ Iodine
- ☐ Heat
- ☐ Aspirin
- ☐ Other Medication _____
- ☐ Insects (Bee stings etc.)_____
- ☐ Food: Lactose Int./Gluten/Other_____
- ☐ Fabric:_____
- ☐ Other:_____

If you checked any of the above, please describe your reaction and how you treat it.

_____

OTHER (Please share anything not listed)

_____
_____
_____