

A		
Title		Current occupation
First name		
Middle initial		
Last name		
Address		
Zip code		Do you smoke?
Gender		Yes ☐ No ☐
DOB		Current medications
No. of dependents		
Country of origin		
First language		
Details of past surgery or operations		

B	
PLEASE USE CAPITAL LETTERS	
PASSPORT NO.	PLACE OF BIRTH
NATIONALITY	MARITAL STATUS
EDUCATION (DEGREE, ETC.)	
Have you visited this country before? (If yes, give details)	
Contact details of person in case of emergency (e.g., spouse, next of kin)	