A

Title	
First name	
Middle initial	
Last name	
Address	
Zip code	
Gender	
DOB	
No. of dependents	
Country of origin	
First language	

Current occupation
Do you smoke?
Yes ☐ No ☐
Current medications

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)

_____

_____