



**Global Services**

**Medical Advisory Services  
Medical Profile - Domestic**

Doc. No./Rev. No OPS 07-33 R0

Revision Date 01/31/2011

Page Page 1 of 2

**IDENTIFICATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Vessel/Rig/Site Name: \_\_\_\_\_

Company / Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Company Contact Person: \_\_\_\_\_

**MEDICAL INFORMATION:**

Blood Type (A/B/AB/O) Rh (positive or negative): \_\_\_\_\_

Allergies – Medications/food/other: \_\_\_\_\_

Current Medical Problems: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical History (Major Operations & Procedures – include dates): \_\_\_\_\_

**Personal Physician Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Dentist Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

To the best of my knowledge, the above Medical History Information is accurate and complete. I authorize release of this information to Medical Advisory Services (MAS).

In the event of a medical incident, I authorize MAS to release the information set forth in this form to such health care providers as it may deem necessary; and I direct MAS to notify the persons listed under "Emergency Contact" of the occurrence and nature of the incident, recommended medical treatment, and from whom further information may be obtained. MAS may, at its sole discretion, request assistance for me from an international assistance provider or refer my care directly to a physician and/or hospital and/or other medical provider. MAS may require that any health care provider set forth in the previous sentence furnish reports on my status to MAS or the international assistance provider.

By completing and returning this form, I agree to the above two statements.

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Signature

Date

***Please return to the address below:***

Medical Advisory Services  
Attention: *Global Services*  
1250 W Washington Street, Suite 442, Tempe, AZ 85281 USA  
or via Fax: (480) 333-3821 or E-mail: [travelnurses@medaire.com](mailto:travelnurses@medaire.com)  
Questions : Phone: (602) 417-3385 or +1 (800) 603-6332