

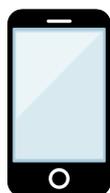
# Health Passport



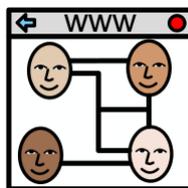
Name:



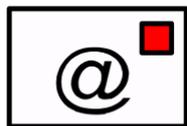
Date of Birth:



Phone:



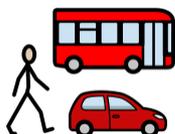
Social Media:



Email:

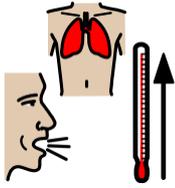


Other Contacts:



Travelled with:





# Symptoms

stomach  
ache



nausea



diarrhoea



constipation



urine pain



bleeding



foot ulcer



numb foot



cough



cold



sore throat



temperature



headache



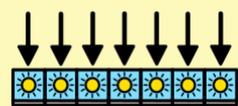
toothache



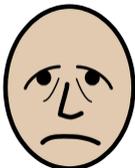
earache



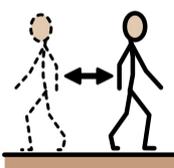
every day



depressed



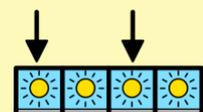
restless



can't sleep



some days





# My Medical History

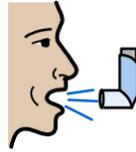
heart  
problem



diabetes



asthma



breath  
problems



kidney  
problem



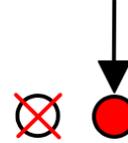
stroke



epilepsy



other



# My Medication

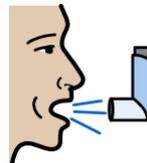
tablets



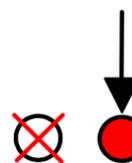
insulin

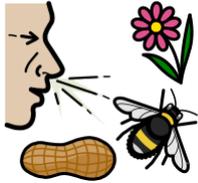


inhaler



other





# My Allergies

medicine



insect sting



pollen



gluten



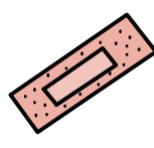
dairy food



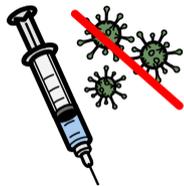
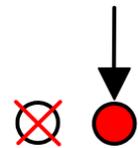
fur



plaster



other



# Covid Vaccination

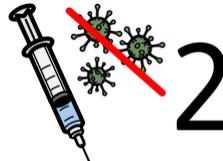
No Vaccine



1st dose



2nd Dose



3rd Dose

