

Health Form

Mexico I.C.E.

Name: _____

Address: _____

Date of Birth: _____

MHSC No. PHIN No. _____

24 hour Contact Name & Phone No. _____

Immunizations: (may attach MIMS Travel Health report) _____

Date of Last Tetanus immunization: _____

Allergies (Please list the type of allergy & typical reaction) _____

How do you treat the allergy? _____

Medications: _____

Please list all medications and the dosages that he/she will be taking with them _____

Why is he/she taking this medication? _____

How long has he/she been taking this medication? _____

Side effects of those medications? _____

Has your child ever had a reaction to medications/insect bites/food? _____

If so, please describe _____

Any Special Medical Considerations we should be aware of? _____
