



PERSONAL INFORMATION FORM

Please return this form **with a color copy of the photo page of the passport** you will use on this tour.
Email to aia@studytours.org or mail to AIA Tours, PO Box 938, Walpole, NH 03608

If you are renewing your passport, please return the form now, and send the photocopy of your new passport when you receive it. Each person traveling should fill out a separate copy of this form.

Program Name: _____ **Departure Date:** _____

PERSONAL INFORMATION

Name, as it appears on your passport Birthdate

Preferred name for participant list: _____
(Mr., Mrs., Ms., Dr., etc.) (First) (Middle) (Last)

Preferred name for name tag: _____

Primary Phone: _____ Cell Home Work

Alternate Phone: _____ Cell Home Work

Will you have cell service on tour? Yes No E-mail address: _____

Current mailing address

City State ZIP code

Delivery Address for final documents (if different from mailing address above)

Please send final documents by: Email Mail

I would like to opt out of AIA Tours swag (luggage tags, luggage strap): No Yes

Special events to be celebrated during the program (e.g., anniversary): _____

Occupation: _____

MEDICAL INFORMATION

Please be as detailed as possible with your responses in this section. If you need more room, provide additional information on a separate sheet of paper and return it to AIA Tours with this form.

MOBILITY

Tour staff is responsible for the group as a whole and cannot assist individual travelers with mobility needs. Due to limited accessibility in some of the destinations we visit, our programs are not appropriate for those requiring the use of a wheelchair or crutches. For more information regarding the physical requirements of this program, refer to the *What to Expect* section of the tour brochure. Please check one response for each of the following statements:

Are you able to walk up and down stairs and over uneven terrain for extended periods unassisted? Yes No

Can you stand for extended periods without sitting or leaning on a wall? Yes No

Please describe how any mobility issues may impact you during this program: _____

MEDICAL HISTORY

Do you have vision or hearing problems, handicaps or use a prosthesis? Yes No

If yes, please describe:

Have you been hospitalized or had surgery in the last five years? Yes No

If yes, please describe:

Do you have any current/chronic medical problems? Yes No

If yes, please describe:

Have you ever been hospitalized for any mental health issues? Yes No

If yes, please describe:

Do you have any health restrictions? Yes No

If yes, please describe:

Do you have any dietary requirements? Yes No
If yes, please describe: (We cannot guarantee that special diets can be accommodated at all destinations.)

Do you have any allergies? Yes No
If yes, please list them below.

Do you take (or require) any prescription medication on a regular basis? Yes No
If yes, please list them below:

Generic/Trade Name	Dosage/Schedule
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Are there any other relevant concerns you would like to share with us?

EMERGENCY CONTACT INFORMATION

Physician's name _____ 24-hour phone: _____

In case of an emergency, please notify (*someone not traveling with you*):

Name	Relationship	City/State
<hr/>	<hr/>	<hr/>
Cell phone	Home or work phone	E-mail

TRAVEL INSURANCE

Have you purchased travel insurance for this program?

Yes Not yet, but I intend to. No, and I do not intend to.

Travel Insurance Provider: _____

Policy Number: _____

CERTIFICATION – PLEASE SIGN AND DATE

Please note that this information may be disclosed to persons only as needed to assist you if you have medical problems on tour.

By completion of this form, you certify that you have read and agree to the Terms & Conditions as outlined in the tour brochure, the Physical Requirements described herein, and this Health Information Form. You certify that you do not have any mental or physical condition or disability that may create a hazard and/or hindrance for yourself or others. **You agree that you will forgo without refund any excursions to sites that your tour leaders (e.g., lecturer and trip manager) decide that you cannot visit safely or in a timely manner and that their judgment will be final.** Where possible an alternate activity may be suggested, but additional costs to you may apply. **You also agree that the tour leaders reserve the right to remove you from the tour if your physical condition or behavior, in their opinion, compromises the operation of the tour or detracts from the enjoyment or safety of the other tour members. In that event, you agree there are no refunds for any unused portion of the tour and that you bear financial responsibility for air ticket change fees, etc.**

SIGNATURE _____ DATE _____