



Travel Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M F

Tobacco Usage: _____

Face Amount: _____

____ Term 10 15 20 30

____ UL

1. Place of Birth? _____

2. Citizenship? _____

3. Purpose of Travel? _____

4. Name the foreign locations that you plan to visit and the durations:

a. City: _____

b. Country/ Date leaving/Date returning:

5. Describe type of work/leisure environment anticipated _____

6. AdditionalComments _____
