

PARTICIPANT INFORMATION FORM

TRIP NAME: India Study Tour

DATES OF TRIP: February 18 – February 25, 2018

The following form is intended to assist in the overall planning of the trip. Please be as thorough, accurate, and detailed as possible.

\_\_\_\_\_  
Name on passport (last, first, middle initial)

\_\_\_\_\_  
Name you prefer to be called

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Passport number

\_\_\_\_\_  
Citizenship

\_\_\_\_\_  
Passport place of issue

\_\_\_\_\_  
Passport date of issue

\_\_\_\_\_  
Passport place of issue

\_\_\_\_\_  
Passport expiration date

\_\_\_\_\_  
Mailing address – please provide a street address, not a P.O. Box

\_\_\_\_\_  
City, state, zip code

\_\_\_\_\_  
Telephone numbers (day, evening, cell) and email address

\_\_\_\_\_  
Dietary restrictions (if vegetarian, please be specific):

\_\_\_\_\_  
Allergies to medication or food:

\_\_\_\_\_  
Significant vision or hearing problems:

\_\_\_\_\_  
Walking or mobility problems:

\_\_\_\_\_  
Do you wear a medical alert bracelet, or otherwise have a medical condition that may require emergency treatment? If so, please explain the nature of the condition and what emergency medical treatment might be necessary:

\_\_\_\_\_  
Do you have a history of drug or alcohol dependency or abuse?

Do you have any underlying or pre-existing medical conditions that may call for emergency medical treatment that AJWS or emergency care practitioners should be aware of (including in case you are unable to communicate for yourself)?

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Please list all physicians, psychiatrists, and psychologists from whom you have sought care or treatment in the last year (provide names and addresses):

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Are you currently suffering from mental health, social, or behavioral illnesses or disorders (or do you have a history of any such illnesses or disorders)? If yes, please explain.

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Special events to be celebrated during the trip (e.g., anniversary, birthday):

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**In case of emergency, please notify:**

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Telephone numbers (day, evening, cell)

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, state, zip code

American Jewish World Service travelers will be reimbursed directly by AJWS's travel medical insurance provider for basic medical expenses they incur while traveling abroad for AJWS. This insurance reimburses costs related to basic travel medical issues including emergency dental, hospital and doctors' fees, and drugs prescribed abroad. It does not cover routine medical care. For more information about coverage and reimbursement process, please contact Aaron Acharya at [aacharya@ajws.org](mailto:aacharya@ajws.org) or 212-792-2914. Travelers requiring more robust coverage should secure their own travel medical insurance.

We ask each participant to send us a bio to be shared with the group before the trip. We encourage you to share a few sentences about yourself and one thing you hope to come away with from this experience. Please submit it via email to [ngrobani@ajws.org](mailto:ngrobani@ajws.org).

**I certify that the information on this form is true, accurate, and complete.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date