

Questionnaire

Emergency contact information

1. Date of birth.
2. Blood type.
3. Do you have any physical limitations (e.g. allergies, chronic conditions) or need for special accommodations (e.g. religious convictions or legal arrangements) that we need to know prior to emergency treatment?
4. Please list any current medications you are taking.
5. Health Insurance: Please give us the name of your health/accident insurance carrier and appropriate policy certificate number.
6. Do you have any food allergies or diet restrictions that we should know about?
7. Please list an emergency contact name and information.
8. Please list the name and contact information of your physician.

General travel questions

1. Have you traveled to Brazil before? Where?
2. What are you looking to do and experience in Bahia?
3. What have you heard about Bahia? Where did you hear it?
4. Is there any additional information that you would like to share with us?