



PERSONAL EMERGENCY INFORMATION

Date:	
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Your Name:			
Blood Type:			
Allergies:			
Completed Hepatitis B Series:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: <input type="text"/>
Passport Number:	<input type="text"/>	Expiration Date:	<input type="text"/>

Emergency Contact Person:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>

Personal Physician:	<input type="text"/>		
Phone Number:	<input type="text"/>		
Business Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip Code:	<input type="text"/>		

Medications:	<input type="text"/>
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PLEASE COMPLETE & SUBMIT THIS FORM TO:

5638 HOLLISTER AVE., SUITE 210, SANTA BARBARA, CA 93117 | PHONE: (805) 963-3303 | FAX: (805) 965-3564

Surgical Eye Expeditions (SEE) International is a non-profit 501(c)(3) humanitarian organization that provides medical, surgical, and educational services by volunteer ophthalmic surgeons with the primary objective of restoring sight to disadvantaged blind individuals worldwide.