



Health Passport

Refugee Health Initiative

Passeport pour la Santé



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Health Passport

First Name: _____ Last Name: _____

Preferred Name: _____

Male Female Other _____ Date of birth (Yyyy/Mm/Dd): ____/____/____

Blood Type _____ Rh Factor _____

Country Of Origin: _____

Languages Spoken: _____

I require a translator/interpreter Yes No Contact: _____

Family Physician:

Special needs (religious, cultural or other): _____

Emergency Contact:

Name: _____ Relationship: _____

Phone # () _____ - _____

Medications (vitamins, non-prescription and herbal medicines)*

Name	Indication	Dose	Date	Started	Discontinued

* If additional space is required, a complete list of medications can be attached to the back pocket of this health passport

Alcohol/ tobacco use Yes No Specify: _____

Allergies:* No known drug allergies *

Allergen	Reaction

I carry an epipen: Yes No for: _____**Current Medical History:**

Medical condition	Date of diagnosis	Comments

Past Medical History (including surgical and mental health history):

Medical condition	Date of diagnosis	Comments

Obstetric/Gynecology History:

G: _____ T: _____ P: _____ A: _____ L: _____

Complications: _____

Immunization:

Most recent Tetanus Immunization (Yyyy/Mm/Dd): _____ / _____ / _____

TB Mantoux Test (Yyyy/Mm/Dd): _____ / _____ / _____ Result _____mm

Treated? No Yes

Medication: _____

Infectious Screening:

Pathogen	Date Test Completed
Hepatitis A	
Hepatitis B	
Hepatitis C	
VDRL	
Varicella	
Strongyloides	
Schistosomiasis	
Other:	

Translation Tool (Key words/phrases)

What is the problem? _____

Pain _____

Pregnant _____

Weight loss _____

Diarrhea _____

Weight loss _____

Short of breath _____

Bleeding _____

Fever _____

Dizzy / faint / weak _____

Vomiting _____

Health Passport completed by:

_____ / ____ / ____
Name Date

Title

Notes



Disclaimer

The information contained in this Health Passport is intended as a resource for providers in a medical emergency. It is in no way, shape or form to be used as a substitute for professional diagnosis. This document was prepared by medical students and is filled out often with the use of interpreters. As such, information must be verified by a health care professional.

This Health Passport was designed with conceptual inspiration from the NOSM Global Health Interest Group and is made possible thanks to the support of the Alex Trebek Innovation and Challenge Fund.

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