



**FIRST AID  
LIFELINE**

The essential  
**lifeline** for  
sports & travel

First Aid Lifeline owner ID's: 00000000 ▶ [delete OwnerID](#)

Add OwnerID:

(de unieke code op je First Aid Lifeline item)

### My personal details:

Firstname:

Lastname:

Street:

House number:

Postal code:

City:

Country:

Preferred language:

NL  EN  FR

I speak:

- Dutch  
 English  
 German  
 French  
 Spanish  
 Other:

Sex:

Male  Female

Date of birth:

Day  Month  Year

Nationality:

- Netherlands  
 Other

Marital status:

- Married  
 Unmarried  
 Registered partnership

I practice the following sports:

- Suba diving  
 Mountaineering or other high altitude sport.

### My contact details:

E-mailadress:

Mobile telephone number:

(Include the country code, e.g: 31611122233 )



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**Attention:**

Please fill out your medical file as carefully as possible.  
When in doubt, please consult your general practitioner or medical specialist

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**Medication**

Are you currently taking any medication?  Yes  No  
Do you use blood thinners?  Yes  No

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**Medical history**

Do you have any significant diseases/illnesses that you have been treated for *in the past*?  Yes  No  
Have you ever had surgery?  Yes  No  
Have you ever been hospitalised for a longer period of time?  Yes  No  
Do you have any metal parts in your body?  Yes  No  
Is there a history of disease in your family?  Yes  No  
Are there any diseases/illnesses you are **currently** receiving treatment for by your general practitioner or medical specialist?  Yes  No

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**Allergy**

Are you aware of any allergies you may have?  Yes  No

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**Blood**

Did you ever receive a blood transfusion?  Yes  No  
Do you know your blood type?  Yes  No  
Do you know your Rhesus factor?  Yes  No

Remarks:

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**Vision, hearing and dentures**

Do you wear glasses or contact lenses?  No  Glasses  Contact lenses  Both  
Do you have dentures?  Yes  No  
Do you have a hearing impairment?  Yes  No



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**Donor**

I am a registered organ donor:

Yes  No

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**Vaccination**

Have you had vaccinations/immunization?

Yes  No

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**Further information**

In the field below you can leave any extra information that could possibly be useful for treatment by (para)medics.

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**Contact Details Insurance**

Medical insurance company:

Policy number:

Phone:

Travel insurance company:

Policy number:

Phone:

Additional insurance company:

Policy number:

Phone:

General practitioner:

Street:

House number:

City:

Phone:



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### Contact Details Family And Friends

Contact 1: Gender:  Mr.  Mrs.  
Name:   
Phone:   
E-mail:   
Kind of relationship:   
 (Notify this person by email that he/she has been added to your contact list.)

Contact 2: Gender:  Mr.  Mrs.  
Name:   
Phone:   
E-mail:   
Kind of relationship:   
 (Notify this person by email that he/she has been added to your contact list.)

Contact 3: Gender:  Mr.  Mrs.  
Name:   
Phone:   
E-mail:   
Kind of relationship:   
 (Notify this person by email that he/she has been added to your contact list.)

