

Republic of Lebanon

Ministry of Foreign Affairs and Emigrants
Directorate General of Emigrants

Tenth Lebanese Emigrant
Youth Camp 2010

MEDICAL CARD

First Name : Last Name :
Date of Birth :/...../..... Country :
Sex : Male Female

MEDICAL SITUATION:

Blood type :

1- Do you have any illness ? Yes No
If yes, Specify :

2-Are you undergoing any permanent treatment ? Yes No
Specify the medicine you take

3-Are you allergic to any medicine ? Yes No
If yes, Specify

4- Did you have any surgery ? Yes No
If yes, Specify