

Rotary



SOS PASAPORTE

Residencia

Si No

D.N.I./N.I.E./Pasaporte: _____

Nombre (First name): _____

Apellido (Family name): _____

Fecha de nacimiento (Date of birth): _____

Nacionalidad (Nationality): _____

Grupo sanguíneo (Blood group): _____

Emergency Phone number **112**

Familiares (Family, next-of-kin or friends)

1. Name _____



2. Name _____



3. Name _____



En casa: persona o animal dependiente
(In my house dependent person or animal):

Llaves (Key holder): _____



Enfermedades (Illnesses) in spanish/latin:

Enfermedades y cirugía importante (Illnesses and important surgical operations) in spanish/latin:

Medicación (Medication), principio activo y cantidad
(active substance and amount), dosis/día (daily dosage):

Medicación (Medication), principio activo y cantidad
(active substance and amount), dosis/día (daily dosage):

Alergias (Allergies, specially drugs and life threatening):

Otros (Other: Pacemakers, prothesis, metallic clips, etc.):

Dirección (Address in Spain): _____

Always carry: SOS-passport, European medical insurance card or travel insurance card and a copy of your passport or Spanish ID-card!

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