Today's Date: \_\_\_\_\_

## REGISTRATION U.S. NAVAL HOSPITAL GUANTANAMO BAY, CUBA

DOD ID:      SSN:      SEX:       Male       Female       Religion:          Ethnic Origin:       Filipino       Hispanic       SE Asian       Other Asian/Pacific Islander       Other       Unknown         Race:       Asian       Black       Western Hemisphere Indians       White       Other       Unknown         Married       Single       Divorced       Separated       Preferred Language:		Date of Birth:						
Ethnic Origin:    Filipino    Hispanic    SE Asian    Other Asian?acific Islander    Other    Unknown Race:    Asian    Black    Western Hemisphere Indians    White    Other    Unknown    Married    Single    Divorced    Separated Preferred Language: Patient (mailing) Address: <i>PSC Box#</i> :    <i>FPO</i>    <b>APO</b>    <b>AE</b> Zip: GTMO Home/Cell Phone: GTMO Work Phone: OCCUPATION: COMPANY: COMPANY: COMPANY: COMPANY: DOB: DOD ID: SSN: 		First Name     Middle Name or Initial       SSN:     SEX:   Male Female Religion:						
Married       Single       Divorced       Separated       Preferred Language:								
Patient (mailing) Address: PSC Box#: GTMO Work Phone:         GTMO Home/Cell Phone: GTMO Work Phone:         OCCUPATION: COMPANY:         Check if you are the sponsor. *Active Duty is their own sponsor*         Flight Status: ] Yes ] No         Name: DOB: DOD ID: SSN:         Relationship: Phone:         Check if mailing address is the same as above.         Address: City: State:         Check if the same as EMERGENCY CONTACT         Name: Relationship: Phone:         Mame: Relationship: Phone:         Address: City: State:         Mame: Relationship: Phone:         Do you want to be an organ donor? : ] Yes ] No ] Undecided         Drug or Other Allergy(s): Drug Allergy Reaction(s):         ARE YOU AWARE OF THE MEDEVAC PROCESS? : ] Yes ] No         StOP IF UNACCOMPANIED*         StOP IF UNACCOMPANIED*         Finally Member       Last Name, First Name         SEX       Organ Donor?       Date of Birth         DOD ID /SSN       11°Child       I         3°d*Child       I       I	Race: Asian Black Western Hemisphere Indians White Other Unknown							
GTMO Home/Cell Phone: GTMO Work Phone: OCCUPATION: COMPANY: COMPANY: GCheck if you are the sponsor. *Active Duty is their own sponsor.* Flight Status: ] Yes ] No Name: DOB: DOD ID: SSN: Name: Relationship: Phone: Check if mailing address is the same as above. Address: City: State:Zip: City: State:Zip: Mame: Relationship: Phone: Check if the same as EMERGENCY CONTACT Name: Relationship: Phone: City: State:Zip: Do you want to be an organ donor? : ] Yes ] No ] Undecided Drug or Other Allergy(s): Drug Allergy Reaction(s): ARE YOU AWARE OF THE MEDEVAC PROCESS? : ] Yes ] No DO YOU CURRENTLY HAVE MEDEVAC INSURANCE? : ] Yes ] No DO YOU CURRENTLY HAVE MEDEVAC INSURANCE? : ] Yes ] No More STOP IF UNACCOMPANIED STOP IF UNACCOMPANIED INDIVIDUAL FAMILY MEMBER INFORMATION	Married       Single       Divorced       Separated       Preferred Language:							
OCCUPATION:	Patient (mailing) Address: PSC Box#: FPO APO AE Zip:							
************************************	GTMO Home/Cell Phone: GTMO Work Phone:							
Check if you are the sponsor. *Active Duty is their own sponsor* Flight Status: Yes No     Name: DOB: DOD ID: SSN:     Mame: Phone: Phone: Phone:     Check if mailing address is the same as above.     Address: City: State:        Check if the same as EMERGENCY CONTACT        Name: City:                                    Address:   City: State:   Zip:    Nextro of KIN************************************	OCCUPATION:	OCCUPATION:COMPANY:						
Name:	**************************************							
Image:	Check if you ar	their own sponsor*			Flight Status: 🗌 Yes 🗌 No			
Name:	Name:	_DOB:	: DOD ID:		S	SSN:		
Check if mailing address is the same as above.         Address:								
Address:	Name:   Phone:							
************************************	Check if mailing address is the same as above.							
Check if the same as EMERGENCY CONTACT     Name:     Relationship:        Phone:        Address:   City:   State:   Zip:         Do you want to be an organ donor?:   Yes:   No:         Drug or Other Allergy(s):   Process?:   Yes:   No:         Do YOU CURRENTLY HAVE MEDEVAC INSURANCE?:   Yes:   No: <b>INDIVIDUAL FAMENTED: Family Member</b> Last Name, First Name   SEX   Organ Donor?   Date of Birth   DOD ID /SSN   1 <sup>st</sup> Child   2 <sup>nd</sup> Child   Individual Interview	Address:		City:			State:	_Zip:	
Name:       Relationship:       Phone:	**************************************							
Address:	Check if the same as EMERGENCY CONTACT							
Do you want to be an organ donor?: Yes No Undecided   Drug or Other Allergy(s): Drug Allergy Reaction(s):	Name:		_Relationship:			Phone:		
Drug Allergy Reaction(s):         ARE YOU AWARE OF THE MEDEVAC PROCESS? : See See See See See See See See See S	Address:		City:			State:Zip:		
ARE YOU AWARE OF THE MEDEVAC PROCESS? :       Yes       No         DO YOU CURRENTLY HAVE MEDEVAC INSURANCE? :       Yes       No         ************************************	Do you want to be an organ donor? : Yes No Undecided							
DO YOU CURRENTLY HAVE MEDEVAC INSURANCE? : ] Yes ] No         Yes ] No         STOP IF UNACCOMPANIED         INDIVIDUAL FAMILY MEMBER INFORMATION         Family Member       Last Name, First Name       SEX       Organ Donor?       Date of Birth       DOD ID /SSN         1 <sup>st</sup> Child       I       I       I       I       I       I         3 <sup>rd</sup> Child       I       I       I       I       I       I	Drug or Other Allergy(s): Drug Allergy Reaction(s):							
STOP IF UNACCOMPANIED         INDIVIDUAL FAMILY MEMBER INFORMATION         Family Member       Last Name, First Name       SEX       Organ Donor?       Date of Birth       DOD ID /SSN         1 <sup>st</sup> Child       Indication       Indication<	ARE YOU AWARE OF THE MEDEVAC PROCESS? :							
INDIVIDUAL FAMILIE MEMBER INFORMATION         Family Member       Last Name, First Name       SEX       Organ Donor?       Date of Birth       DOD ID /SSN         1 <sup>st</sup> Child       I <td< td=""><td colspan="8">DO YOU CURRENTLY HAVE MEDEVAC INSURANCE? : Uss No</td></td<>	DO YOU CURRENTLY HAVE MEDEVAC INSURANCE? : Uss No							
Family Member       Last Name, First Name       SEX       Organ Donor?       Date of Birth       DOD ID /SSN         1 <sup>st</sup> Child       I <t< td=""><td colspan="8">**************************************</td></t<>	**************************************							
1 <sup>st</sup> Child     Image: Child State of the st	INDIVIDUAL FAMILY MEMBER INFORMATION							
2 <sup>nd</sup> Child     Image: Child     Image: Child     Image: Child     Image: Child       3 <sup>rd</sup> Child     Image: Child     Image: Child     Image: Child     Image: Child	Family Member	Last Name, First Name	SEX	Organ	n Donor?	Date of Birth	DOD ID /SSN	
3 <sup>rd</sup> Child	1 <sup>st</sup> Child							
	2 <sup>nd</sup> Child							
4 <sup>th</sup> Child	3 <sup>rd</sup> Child							
	4 <sup>th</sup> Child							