Today's Date: _____

REGISTRATION
U.S. NAVAL HOSPITAL GUANTANAMO BAY, CUBA

_____ Date of Birth: _____
Last Name **First Name** **Middle Name or Initial**

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: _____

Patient (mailing) Address: ***PSC***_____ ***Box#:*** _____ ☐ ***FPO*** ☐ **APO** ☐ **AE** Zip: _____

GTMO Home/Cell Phone:_____ GTMO Work Phone: _____

OCCUPATION:_____ COMPANY: _____

***********SPONSOR INFORMATION*********

☐ ***Check if you are the sponsor. *Active Duty is their own sponsor**** Flight Status: ☐ Yes ☐ No

Name:_____ DOB:_____ DOD ID:_____ SSN:_____

***********EMERGENCY CONTACT*********

Name:_____Relationship:_____Phone: _____

☐ ***Check if mailing address is the same as above.***

Address:_____City:_____State:_____Zip:_____

***********NEXT OF KIN*********

☐ ***Check if the same as EMERGENCY CONTACT***

Name:_____Relationship:_____Phone:_____

Address:_____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

***********STOP IF UNACCOMPANIED*********

INDIVIDUAL FAMILY MEMBER INFORMATION					
Family Member	**Last Name, First Name**	**SEX**	**Organ Donor?**	**Date of Birth**	**DOD ID /SSN**
1st Child					
2nd Child					
3rd Child					
4th Child					

DO ANY OF THE CHILDREN HAVE ANY ALLERGY(S)? _____ ***Drug Allergy Reaction(s):*** _____