



Comfort Medication List

Name of Traveler: _____

Name and Date of Trip: _____

Please provide the types of comfort medications and dose used by the traveler for the following symptoms/discomforts. Also include any special instructions such as if traveler has a history of falsely reporting illness, what flavor of medication is preferred, etc.

Fever/Pain: _____

Sore Throat: _____

Colds: _____

Constipation: _____

Diarrhea: _____

Upset Stomach: _____

Heart Burn: _____

These medications will be administered to the traveler if the need arises. Please do not pack comfort medications unless any of the mentioned symptoms/discomforts are expected to occur during the trip. If this is the case, please pack them and list them as PRNs with the traveler's daily medications. See our medical policy for more information.