

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

* Mandatory Information

FULL REGISTRATION

*Patient Name: _____ * Date of Birth: _____
Patient Category: _____ FMP: _____ Sex: M F
*Race: _____ *Ethnic Origin: _____
*Marital Status: Single Married Divorced Widowed Religion: _____
Patient (mailing)Address GTMO: _____ Box # _____
City: _____ State: _____ Zip: _____
*GTMO Home Phone: _____ *Gitmo Work Phone: _____

Patient Address in states: _____
City: _____ State: _____ Zip: _____

Civilian Insurance Company: _____ Policy # _____

MEDEVAC coverage included with health insurance coverage: Yes / No

*** AD MEMBER's INFORMATION**

Name: _____ Branch of Service: _____
*SSN: _____ Rank: _____ Rate: _____
*Military Occupation Code: _____ Command: _____
*Gitmo Station/Unit: _____ Unit Location: /CU _____
*Length of Service: _____ Years * Flying Status: Yes No
Duty Address _____ * Phone #: _____

*** EMERGENCY CONTACT**

Name: _____ Relationship: _____
Address: _____
Zip: _____ Phone: (_____) _____

*** NEXT OF KIN**

Check if same as emergency contact

Name: _____ Relationship: _____
Address: _____
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