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| **GO MAKE A DIFFERENCE IN TANZANIA – MEDICIAL INFORMATION** |
| PRINT FULL NAME |
| Your medical information is an important part of the application. We do not determine your physical or emotional preparedness to serve. This is your responsibility and you must consult with your doctor to determine your readiness and make arrangements for your health and physical requirements without relying on any action before, during or after the time of service with GoMAD or anyone connect with them.  Travel and medical insurance, which includes the cost of medical treatment and emergency airlift, is required for each participant of a GoMAD team and is included in your contributions.  Any pre-existing conditions will need to be assessed before insurance cover is issued. |

Do you suffer from any of the following? Please tick the ‘yes’ or ‘no’ box as appropriate

|  |  |  |  |  |  |
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| YES | NO |  | YES | NO |  |
|  |  | Anemia |  |  | Heart Disease/Angina |
|  |  | Arthritis |  |  | Hepatitis/Jaundice/Liver Problems |
|  |  | Asthma |  |  | High or Low Blood Pressure |
|  |  | Back Strain/Pain/Problems |  |  | Kidney Problems/Stones |
|  |  | Blood Clotting or Bleeding Disorder |  |  | Severe or Migraine Headaches |
|  |  | Cancer/Recent Chemotherapy |  |  | Shortness of Breath |
|  |  | Chronic or Excessive Fatigue |  |  | Sleep Disorder |
|  |  | Diabetes (Type 1 or 2) |  |  | Stomach or Duodenal Ulcer |
|  |  | Epilepsy/Seizures |  |  | Stroke |
|  |  | Fainting/Blackouts/Dizziness |  |  | Vision loss not corrected by glasses |
|  |  | Frequent infections |  |  | Ladies only – Are you pregnant? |
|  |  | Do you now have or you previously suffered from depression requiring medication, medical review or referral? |  |  | Have you had a baby within the last six months? |
|  |  | Have you ever been under the care of any health professional or hospitalised for any mental illness at any time? |  |  | Have you had any surgery within the last six months? |
|  |  | Do you now or have you previously suffered from an emotional condition such as an eating disorder or nervous breakdown? |  |  | Have you ever had any significant illness or injury other than those already noted? |
|  |  | Have you ever had an injury or health problems that has substantially limited or restricted you lifestyle or work capacity? |  |  | Do you require the use of any braces, prosthesis, supportive devices or aid to do your job or activities of daily living? |
|  |  | Any medical condition that is currently, or has in the last 5 years been treated by a physician, chiropractor or healer? |  |  |  |
|  |  | Any other relevant medical factors? | | | |
| If you have answered ‘Yes’ to any of the above questions or you are *currently under the care of a doctor,* please give full details here or on a separate sheet and attach to this page | | | | | |

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| **GO MAKE A DIFFERENCE IN TANZANIA – MEDICIAL INFORMATION (Continued)** | | |
| Please list all known food and drug allergies | | |
| Please state any dietary requirements e.g. Vegetarian, Nut/Spice/Wheat intolerance, etc | | |
| Please list all medication you are currently taking: | | |
| Name | Dosage | Frequency |
| Please state you blood group (if known) | | |
| Emergency Contact Details  Name:  How related to you:  Landline Number:  Mobile Number: | | |
| **DECLARATION** | | |
| 1. I confirm I will have adequate supplies of medication(s) for the duration of my trip   (Please circle) YES NO   1. I confirm this is an accurate account of my State of Heath (If you have not disclosed any existing medical conditions you will be liable for any costs associated with treatment or repatriation if they are not covered by our insurers). | | |
| Signature | | Date |