

## **Medical Health Questionnaire**

| Name:  | Gender: □Male □Female                       |  |  |  |
|--|---|--|--|--|
| Birthdate: Age:  | Blood Type:                                 |  |  |  |
| Date of Last Physical:   | Date of Last Tetanus:                       |  |  |  |
| Group:   | Trip Dates:                                 |  |  |  |
| If you are 60 years old or more please also complete Physician Approval (pg. 37)   |   |  |  |  |
| Have you purchased the required traveler's insurance for your trip? □Yes □No Please provide proof of traveler's insurance to your group leader |   |  |  |  |
| Have you ever been diagnosed with Malaria or Dengue Fever? $\Box$ Yes $\Box$ No If yes please circle to indicate diagnosed type                |   |  |  |  |
| Is anyone in your immediate family dealing with a major medical issue while you are in Panama? $\Box$ Yes (explain) $\Box$ No                  |   |  |  |  |
| Do you have experience as a medical care giver or certifications in first aid/CPR? $\Box$ Yes (list) $\Box$ No                                 |   |  |  |  |
| Please describe any chronic medical conditions or major medical events including surgeries:  |   |  |  |  |
| List any major allergies to food or substances (medications):  |   |  |  |  |
| List any medications that you will be bringing/taking during the trip:   |   |  |  |  |
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|  | List any mental health | issues that you | have been treate | ed for or suffer from: |
|--|------------------------|-----------------|------------------|------------------------|
|--|------------------------|-----------------|------------------|------------------------|

Are there any other medical issues that we should know about as we host you in Panama?

| Emergency Contact(s) minimum of 2 contacts required         |           |  |
|---|-----------|--|
| Name :  | Relation: |  |
| Phone:  | Cell:     |  |
| Email:  | Other:    |  |
| Name :  | Relation: |  |
| Phone:  | Cell:     |  |
| Email:  | Other:    |  |
| Please sign to attest all information is true and accurate: |           |  |
| X   | Date:     |  |

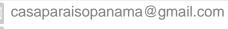
## Please Complete and Return to Group Leader

\*This information will be kept confidential and will be disposed of properly after the end of the trip\*











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