FORM "C" MEDICAL / INSURANCE INFORMATION

YOUR NAME: _____

I. PHYSICIAN'S INFORMATION:

Please give the name, address and contact information for your doctor and/or medical group. This information is only for an emergency situation where we would want to contact your personal doctor if deemed necessary or useful by medical personnel.

Physician's Name _____

_____

Street City Prov Postal Code

Telephone Number _____ Date of last check-up or office visit

_____

II. CURRENT HEALTH

List Any known allergies: _____

List *ALL* medications you are currently taking _____

List current medical conditions / limitations _____

List any struggles with mental/ emotional issues _____

III. INNOCULATIONS

Every region is different. Consult your team leader and your local health authorities regarding your team's location.

Tetenus Y N, Hepatitis "A" Y N, Hepatitis "B" Y N
Typhoid Y N, Malaria Pills Y N, Yellow Fever Y N, OTHER (specify) _____Y N
Completed Vaccinations For: Country_____ Dates_____

IV. HEALTH INSURANCE

I have health insurance that will cover me while outside Canada. Y N

Name of Company: _____Group or ID#:_____

BRING A COPY OF YOUR POLICY AND INSURANCE COMPANY CONTACT PHONE NUMBER WITH YOU ON THE TRIP

V. IN CASE OF EMERGENCY. NOTIFY

Name _____ Name _____

Address _____ Address _____

_____ _____

City, Prov, Postal Code City, Prov, Postal Code

_____ _____

Home Phone Work Phone Home Phone Work Phone

_____ _____

Relationship to Applicant Relationship to Applicant

I give my permission for my team leader or team medic to be given a copy of this form for overseas emergency use only.

Signed_____ Date_____

Please email a copy of your passport to the team leader