



FAMILY HUMANITARIAN experience (FHe) MEDICAL INFORMATION

Please fill out the information below. This information is important for traveling to a developing country where resources are more scarce and will allow easy access for FHe to provide to physicians should you become ill during the expedition. Remember that FHe expeditions may involve strenuous physical activity as well as eating foods that may be different from that to which you are accustomed, which can sometimes result in an upset stomach or diarrhea.

1. Do you have any medical problems, including heart disease, lung disease, diabetes, etc.?

YES NO

IF YES, PLEASE INDICATE CONDITION

2. Are you pregnant?

YES NO

3. What is your blood type?

BLOOD TYPE

4. Medications you are taking:

DRUG	STRENGTH	AMOUNT TAKEN	HOW OFTEN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Do you have any medication allergies or food allergies?

YES NO

IF YES, PLEASE INDICATE

6. Please provide the following contact information:

PHYSICIAN NAME	PHONE NUMBER
EMERGENCY CONTACT	PHONE NUMBER
	EMAIL ADDRESS

If you are over 60 years old OR you answered yes to questions 1 or 2, you must obtain a physician's approval to travel:

I AFFIRM IN MY BEST JUDGMENT, IT IS SAFE AND ADVISABLE FOR _____ TO TRAVEL TO A DEVELOPING COUNTRY ON A HUMANITARIAN EXPEDITION.

PHYSICIAN SIGNATURE

DATE