

Ve'ahavta: The Canadian Jewish Humanitarian and Relief Committee
Guyana Volunteer Medical Form



The following includes a list of questions pertaining to your medical and psychological history. Please bear in mind that Ve'ahavta asks these questions with the understanding that your answers will be considered strictly confidential. Ve'ahavta asks for your honest answers to enable us to prepare for any potential health related scenarios that could occur during the Guyana trip. Ve'ahavta asks participants to please ensure that should they be taking specific medication, that they have a full supply with them and a back-up supply to be held by the Team Leaders.

Contact Info	
1. First Name: Last Name:	
2. Date of Birth: Month _____ Day _____ Year _____	
3. Health Card Number:	
4. Health Insurance Company: Plan Number: Insurance Contact Phone Number:	
4. Emergency Contact Name:	Relation to participant:
Day Phone Number:	Evening Phone Number:

Diet	YES	NO
Are you a vegetarian?		
Are you lactose intolerant?		
Do you eat red meat?		
Do you keep kosher?		
Other dietary restrictions? Please explain.		

Psychological Background
1. Are you currently or have you been involved in psychological therapy of any kind? If YES, please specify reason:
2. Have you experienced loss of a loved one recently?
3. Do you experience panic or anxiety attacks? If YES, please describe symptoms and method of treatment:
4. Are you currently experiencing or undergoing treatment for an addiction to alcohol or drugs? If YES, please specify:
5. Do you, or have you ever, suffered from an eating disorder? If YES, please explain:

Health History		
1. Weight (lbs.):	Height:	
2. Please state any allergies you may have including description of reaction and details of medication required:		
3. Do you have asthma? a) If so, please indicate: mild _____ medium _____ severe _____ b) Do you require an epipen? Please explain. c) Do you react to allergy by ingestion or contact?		
4. Have you ever suffered from chronic recurring illness? If YES, please provide details and provide supporting letter.		
5. Have you ever undergone any operations or sustained any serious injuries? If YES, give details:		
6. Are you currently taking any medication? If YES, please specify the names of the medication(s) and the condition being treated.		
7. Do you have any physical restrictions? If YES, please explain.		
8. Are you sensitive to heat or humidity? If YES, please explain:		
9. Do you smoke?		
10. Do you suffer from:	YES	NO
a) motion sickness?		
b) fear of flying?		
c) fear of water?		
11. Do you have first aid or CPR training?		
12. Do you have life-guarding credentials (NLS)?		

Participant Statement

I hereby certify that, to the best of my knowledge, this medical form is complete in all its details and fully realize that any condition, mental or physical, that I am found to have, originating prior to my arrival in Guyana, and which is not described in full in this form or in any accompanying letter, will be due cause for my return to my country of origin, or treated in Guyana at my own expense, and that the program organizers have neither responsibility or liability arising out of such condition. All medication that I take regularly is at my expense, and has been detailed in this form or letters.

Name of Participant: _____ Signature: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____