

Medical Information Form for Youthlinc Participants

This form exists only for the information of Youthlinc volunteer medical staff in order to better serve you in-country in case of an emergency. Your participation in this survey is voluntary. However, **your signature(s) are mandatory**. Please read this information carefully.

Name: _____ Birth date (M/D/YYYY): _____

Emergency contact information:

Name of contact person in U.S.: _____ Two phone #s: _____

Name of 2nd contact person in U.S.: _____ Two phone #s: _____

Medical information:

List any allergies to medications, food, plants, insect bites etc.:

What medications do you take on a regular basis (excluding vitamins, antihistamines):

What anti-malaria medication are you planning to take?

What other medications do you plan to bring or take during the trip?
(Please bring any medications in their original containers to aid in identification.)

Do you sunburn easily?

Do you have any behavioral or emotional conditions? If you take medication(s) for such conditions which medications are you taking for which conditions?

List any significant medical problems for which you take medications, see a physician, have been to an emergency room, required hospitalization, or had surgery:

When was your last tetanus shot?

I have been informed of the health risks associated with international travel. I have read the Traveling Healthy information provided by the Youthlinc program. I have been informed that there are vaccinations or malaria medication needed or recommended for participation in the international service experience associated with the Youthlinc program. If I choose not to get the needed or recommended vaccinations or malaria medications, I do so for personal reasons at my own risk.

I understand that Youthlinc purchases Major Medical, Emergency Evacuation, Repatriation of Remains insurance in my name as part of 14 days of in-country international program cost. I acknowledge that this supplemental insurance coverage, if needed, is secondary to any primary insurance I may have, and I am ultimately responsible for costs not covered by insurance. I understand that I am responsible to pay any and all deductibles as applicable. As a convenience to me, Youthlinc may pay emergency medical costs in-country up front. I agree to reimburse Youthlinc for any such payments.

Participant name printed: _____ Participant signature: _____

Date: _____ Parent or legal guardian signature (if participant is under 18): _____