



HEALTH INFORMATION FORM FOR ALL YOUTHLINC PARTICIPANTS

This form exists only for the information of Youthline 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:

Contact person in U.S.: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd contact person in U.S.: \_\_\_\_\_ Phone: \_\_\_\_\_

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?  Yes  No

Do you have any behavioral or emotional conditions?  Yes  No

If you take medication(s) for such conditions which medications are you taking for which conditions?

List any significant physical, mental, or emotional, medical problems for which you take medications, see a physician, or had surgery (for example: bi-polar disorder, anxiety—including separation anxiety, depression, ADHD, drug abuse, or any anti-social behaviors):

Have you ever been admitted to the hospital or emergency room for any reason? If yes, please expound.

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 Youthline 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 Youthline 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 Youthline 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, Youthline may pay emergency medical costs in-country up front. I agree to reimburse Youthline for any such payments.

Participant name printed: \_\_\_\_\_ Participant signature: \_\_\_\_\_

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