



Confidential - MEDICAL FORM

It is important that we have essential information on the state of your health in case you become ill on the trip. This form will be brought to Honduras and kept by the Project Director, with a copy also being given to your Team Physician. We advise you to let your team leader also know essential information in case he/she would need it on your behalf. **This form will be kept confidential.**

Name _____
Address _____
City _____ State _____ Zip _____
Country _____
Social Security Number _____ - _____ - _____

(We understand why people do not want to give out their social security number. However in an emergency we cannot get medical help for you without it. This form will be shredded when the project ends.)

Emergency Contact Information:

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____
Primary Care Physician / Clinic _____
Phone number _____
Hospital Preference _____
Personal health/accident Insurance Company and Policy No. _____

Do you consider yourself to be in - excellent - good - fair - poor health? (Circle one)

Date of last Tetanus shot _____

Height _____ Weight _____ Blood Type _____

Please list any major health issues, major surgeries or serious illnesses in the past 5 years.

Is there any current physical or mental condition that may affect or limit your full participation? Yes _____ No _____ If yes, please explain:

Please list all medications, vitamins, supplements, etc., you are taking

Please list all allergies (food, medication, insects, plants, environmental, etc.)

NOTE: IHS does not require a medical form signed by a doctor. However we strongly suggest all participants see their personal medical providers for a physical examination and to discuss the trip and medications that the doctor may recommend. Please also discuss your key health issues/conditions with your IHS Team Doctor. Do not make the assumption that he/she already knows! Buddy System ... IHS requests that you buddy up with a team member and let him/her know where you have placed your relevant medical information, critical medications, and travel insurance information.

Do you have Emergency Evacuation Insurance? _____ Yes / No _____

(We recommend that you have travel insurance and emergency evacuation insurance. There are a few cases in the past when IHS participants have had to use one or both of these insurance policies. Please see your travel agent or airlines representative.)

Travel Insurance Information

Company and Policy Number: _____

International Emergency Assistance Phone No. _____

To safe guard DATA PRIVACY please send a hard copy of this form to: **Project Director, IHS, 3500 Vicksburg Ln, PMB 405, Plymouth, MN 55447**