

Medical Health Information

The primary purpose of obtaining this information is to determine medical eligibility for service abroad. The information on this form may be made available to appropriate staff. Failure to provide accurate information may result in changes to volunteer role. Have you experienced or are currently experiencing any of the following (please select yes or no):

Frequent or severe headaches	Yes	No
Dizzy spells, fainting and blackouts	Yes	No
Epilepsy or seizures	Yes	No
Chronic eye trouble or vision problems	Yes	No
Date of last eye examine	Yes	No
Colonoscopy or sigmoidoscopy	Yes	No
Kidney trouble i.e. stones, blood or protein in urine	Yes	No
Diabetes	Yes	No
Thyroid	Yes	No
Asthma	Yes	No
Breathing trouble i.e. frequent cough or shortness of breath	Yes	No
TB or exposure to TB	Yes	No
Pain or pressure in your chest	Yes	No
Anemia or another blood disorder	Yes	No
Heart problems, murmur or infection	Yes	No
Stomach, liver or intestinal problems	Yes	No
Jaundice or hepatitis	Yes	No
Frequent indigestion	Yes	No
Rupture or hernia	Yes	No
Change in bowel or bladder habits	Yes	No
Rectal bleeding or black stools	Yes	No
Cancer	Yes	No
Stroke	Yes	No
Difficulty with hearing	Yes	No
Urinary problems and urinary tract infections	Yes	No
Back pain or injury	Yes	No
Bone tendon or joint problems	Yes	No
Abnormal chest x-ray	Yes	No
Malaria, dysentery or other tropical disease	Yes	No
Frequent crying spells	Yes	No
Felt unusually depressed or sad	Yes	No
Persistent fatigue	Yes	No
Any other medical problems not mentioned	Yes	No
Do you smoke	Yes	No
If yes what and how much?	Yes	No
Do you drink alcohol?	Yes	No
If yes how much?	Yes	No
Would you have a problem with walking up six flights of stairs at a steady pace without stopping?	Yes	No
Would you have a problem walking a distance of approximately 1.5 miles (3km) on a level plane at a steady pace without stopping?	Yes	No
Have you ever been referred to or sought consultation or treatment from a mental health professional (counselor, psychologist, social worker etc..)	Yes	No
Have you ever received mental health treatment as an inpatient or as an outpatient in a day treatment center?	Yes	No

If you answer yes to any of the questions in the above section, please explain here.

If you need more space please attach additional sheets

Please list hospitalizations and operations including both medical and psychiatric illnesses:

Date	Illness/ Operation	Name of hospital	Location	Duration of treatment

Current Medications: List all

Name	Dosage	Frequency

Please list any allergies,

Please consult your family care doctor or travel clinic regarding your specific needs for the countries where you will be travelling. **Yellow fever and Hepatitis is required for all VISITORS serving in West Africa- without these vaccinations you will be unable to get a VISA to enter Ghana.** If you choose NOT to obtain any of the recommended vaccines FOCOS cannot provide them once you are approved. **We also advise you speak to your healthcare provider about malaria prophylaxis medication.** Please bring your vaccination record with you. FOCOS would strongly recommend that all volunteers ensure they have adequate health or evacuation insurance for their trip to Ghana.

Authorization and Consent for Treatment: Please read carefully

I

have completed this Medical Health Information Personal form to the best of my knowledge. I also understand the need to report changes in my health status or treatment rendered by a physician prior to me joining the FOCOS volunteer program. I consent to this information being shared with the FOCOS Hospital and FOCOS USA, if deemed necessary. If I require medical treatment while volunteering with FOCOS in Ghana I hereby agree to the performance of such treatment, anesthetics, operations, as in the opinion of the attending physician, are deemed necessary.

Signature

12/6/2017

Date