

# LATIN AMERICAN SERVICE EXPEDITIONS

## CONFIDENTIAL HEALTH RECORD AND REPORT

Please complete Part I, ask the family physician to complete Part II, and return this form with your completed enrollment form to the school.

An expedition abroad can create emotional and physical stress for those not able to meet the demands of living in a totally different environment for an extended period of time. It is in your own interest that this record and report be carefully completed. This form will be kept in your confidential file at the **LASE** office for reference in the event of an emergency.

### PART I: To be completed by the participant or parent

Participant's Name:

\_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type \_\_\_\_\_

In your estimation, would you say that participant's general health is excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor \_\_\_\_\_

Does participant have any known food allergies or dietary restrictions for reasons of

health? Does participant have any known allergies to drugs or medications?

Please note any of the following which participant may have had and explain any recent or serious episodes below:

\_\_\_\_\_ Amoebic Dysentery \_\_\_\_\_ Hay Fever \_\_\_\_\_ Pneumonia \_\_\_\_\_ Appendicitis \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Poliomyelitis \_\_\_\_\_ Asthma \_\_\_\_\_ Hepatitis \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Bone Infection \_\_\_\_\_ Malaria \_\_\_\_\_ Sinusitis \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Smallpox \_\_\_\_\_ Diabetes \_\_\_\_\_ Menstrual Difficulty \_\_\_\_\_ Stomach Ulcer \_\_\_\_\_ Diphtheria \_\_\_\_\_ Migraine Headaches \_\_\_\_\_ Tuberculosis \_\_\_\_\_ Ear Infection \_\_\_\_\_ Mononucleosis \_\_\_\_\_ Typhoid Fever \_\_\_\_\_ Eating Disorder \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Epilepsy

Explain:

Has participant had any serious illness not covered above? \_\_\_\_\_ Explain. Please list any medications participant is currently taking or will be taking during the expedition.

Has participant ever been treated by a psychiatrist, psychoanalyst or similar practitioner for any mental, emotional or nervous disorder or problem? \_\_\_\_\_ Explain.

Is participant currently under treatment for any reason? \_\_\_\_\_ Explain.

Give the dates, if any, of immunizations against the following:

Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_ Smallpox \_\_\_\_\_ Typhoid \_\_\_\_\_  
Measles \_\_\_\_\_ Polio \_\_\_\_\_ Tetanus \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Recent intradermal tuberculin test date: \_\_\_\_\_ Results:

Date of last chest X-ray: \_\_\_\_\_ Results:

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**PART II: To be completed by the participant's physician.**

Is the information provided by the participant in PART I of this record and report complete and correct to the best of your knowledge? If not, please clarify:

Has the participant any physical condition, disability or impairment which might cause hardship during a period of strenuous travel or an extended stay abroad?

Has the participant any predisposing medical or surgical condition which may, under stress, present a need for immediate therapy during the time to be spent abroad?

Please note any other information, including details of current treatment, if any, which would be helpful to the physician who would be treating this participant during her or his participation in the expedition (use additional paper if necessary):

Physician's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address:

\_\_\_\_\_ Zip

\_\_\_\_\_ Date of Examination: \_\_\_\_\_

Phone: \_\_\_\_\_ I have known this person \_\_\_\_\_ years

Please return this form to the participant. Thank you very much for your cooperation.