

South Pacific Projects – Medical Form

This form is to be completed and signed by a qualified general practitioner/physician/doctor, preferably in the presence of the volunteer that is applying to join a South Pacific Projects expedition in Fiji. This form is to be completed in conjunction with the PADI Dive Medical (to be completed by the volunteer) and returned to South Pacific Projects upon its completion.

Volunteer Details

To be completed by the Volunteer

Full Name:

Date of Birth:

Sex:

Contact Phone:

Address:

Nationality:

Volunteer Medical History

To be completed by the Physician

Please ask the volunteer the following questions relating to their medical history, please circle yes or no:

1. Is the volunteer currently taking any medication including non-prescription medicine? Yes / No

If yes _____

2. Has the volunteer had a serious injury, operation or been hospitalised in the last 5 years? Yes / No

If yes _____

3. Does the volunteer have or ever had any of the following diseases or problems?

a. Cardiac problems (e.g. high/low blood pressure, heart trouble, angina etc.) Yes / No

b. Sinus problems Yes / No

c. Asthma or other chest/respiratory issues (e.g. tuberculosis, bronchitis, emphysema) Yes / No

d. Epilepsy, fainting or other seizures Yes / No

e. Diabetes Yes / No

f. Hepatitis or other liver disease Yes / No

g. AIDS or HIV infection Yes / No

h. Thyroid problems Yes / No

i. Arthritis or other joint problems Yes / No

j. Stomach ulcer or hyperacidity Yes / No

k. Kidney or urinary problems Yes / No

l. Repeated cough or cough that produces blood Yes / No

m. Mental health problems (e.g. depression) Yes / No

n. Physical disabilities or other limitations Yes / No

o. Cancer Yes / No

p. Immune system problems Yes / No

q. Blood disorder Yes / No

r. Eye or vision problems Yes / No

If yes _____

4. Does the volunteer have any allergic reactions? Yes / No

If yes _____

5. Has the volunteer received vaccinations including boosters required for their trip? Yes / No

If no _____

6. Does the volunteer have any other condition, disability, disease or problem not mentioned? Yes / No

If yes _____

Volunteer Current Health

To be completed by the Physician

Height (cm): _____ Weight (kg): _____

Resting Pulse (bpm): _____ Blood Pressure: _____

Respiratory Check (Auscillation), please write observations: _____

Volunteer Declaration

To be completed by the Volunteer

I confirm that the information I have written and stated to the physician is correct and complete to the best of my knowledge and I have not withheld any information. If my health condition changes in any way before the expedition start date I will notify both my physician and South Pacific Projects immediately of my changed circumstances. I also give consent to South Pacific Projects to contact my Physician in the event of an emergency.

Volunteer Name (Print): _____ Date: _____

Volunteer Sign: _____

Physician Declaration

To be completed by the Physician

Based upon the information that the volunteer has given me and my understanding of the expedition and its associated conditions and hazards (*) I confirm to the best of my ability that the volunteer is fit and able to participate on the project (**).

Physician Name (Print): _____ Date: _____

Physician Sign: _____

Address: _____

International Phone: _____

* Volunteers will be living on a remote island in a developing country with other international volunteers where they will be SCUBA diving up to ten times per week to a maximum depth of 30m. There is the possibility of personal accident and injury and a risk of medical conditions associated with hot, tropical climates and a change in diet and some daily physical exertion.

** SCUBA Diving, snorkelling, swimming, and boat rides, studying in group workshops, attending lectures, daily physical activity, visiting local villages and working with local school children