



Kleindal plot, Ingogo, 2944

PO Box 3160

Newcastle 2940

Email: admin@hopeinchrist.org.za

Webpage : www.hopeinchrist.org.za

NPO Number : 071-913

Phone : (h) 0872348489 (c) 0845077296 (f) 0867295536

Medical Form for International Volunteers

1. Name of Volunteer: _____ **Date of Birth:** _____
(dd/mm/yy)

2. Immunizations (Include date of last immunization for each disease checked)

DiseaseDateDiseaseDate

Diphtheria	<input type="checkbox"/>	_____	Whooping Cough	<input type="checkbox"/>	_____
Small Pox	<input type="checkbox"/>	_____	Polio	<input type="checkbox"/>	_____
Measles	<input type="checkbox"/>	_____	Yellow Fever	<input type="checkbox"/>	_____
Tetanus	<input type="checkbox"/>	_____	Typhoid Fever	<input type="checkbox"/>	_____

Other: _____

3. Illnesses (Check if Yes and indicate when and explain below)

Illness	Yes	Date	Illness	Yes	Date
Bleeding Gums	<input type="checkbox"/>	_____	Colitis	<input type="checkbox"/>	_____
Heart Disorder	<input type="checkbox"/>	_____	Epilepsy	<input type="checkbox"/>	_____
Psychiatric Illness	<input type="checkbox"/>	_____	Cancer	<input type="checkbox"/>	_____
Skin Disease	<input type="checkbox"/>	_____	Diabetes	<input type="checkbox"/>	_____
Migraine/ Headache	<input type="checkbox"/>	_____	Ulcers	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	_____	HIV/AIDS	<input type="checkbox"/>	_____
Alcoholism/ Drug Use	<input type="checkbox"/>	_____	Hepatitis	<input type="checkbox"/>	_____
Infectious Disease	<input type="checkbox"/>	_____	Asthma	<input type="checkbox"/>	_____

Other: _____

Explain any of the above: _____

4. Injuries (Check if yes. Indicate when and explain below)

Injury	Yes	Date	Injury	Yes	Date
Head Injury	<input type="checkbox"/>	_____	Back Injury	<input type="checkbox"/>	_____
Recurrent Ankle Injury	<input type="checkbox"/>	_____	Broken Bones	<input type="checkbox"/>	_____
Recurrent Knee Injury	<input type="checkbox"/>	_____	Other:		_____

Explain any of the above or any special physical limitations: _____



Kleindal plot, Ingogo, 2944

PO Box 3160

Newcastle 2940

Email: admin@hopeinchrist.org.za

Webpage : www.hopeinchrist.org.za

NPO Number : 071-913

Phone : (h) 0872348489 (c) 0845077296 (f) 0867295536

5. Allergic Reactions: *Do you have any allergies, including reactions to food, penicillin, antibiotics, and any other medications?*

Yes No

If yes, please explain: _____

6. Dietary Needs: *Do you have any special dietary needs?*

Yes No

If yes, please explain: _____

7. Surgery: *Have you ever undergone surgery for any reason?*

Yes No

If yes, please explain: _____

8. Dental: *Do you have any problems?*

Yes No

If yes, please explain: _____

9. Medications

(Please list all the current medications you take. Include the name and the condition being treated.)

