



**ROTARY AUSTRALIA**  
**WORLD COMMUNITY SERVICE LIMITED**  
 ACN 003 444 264 ABN 37 739 341 003

**"BUILDERS OF INTERNATIONAL GOODWILL"**

**HEALTH FORM - PROJECT VOLUNTEERS (F.A.I.M./I.P.A.C./S.W.S.L.)**

Activity \_\_\_\_\_ Region \_\_\_\_\_

Project \_\_\_\_\_ Location \_\_\_\_\_

Brief description of work and travel \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_ Date / / .

Thank you for your offer to help in the above project. As projects may be located in isolated areas, it is important that you have no significant existing health problems.

Would you please complete the health statement and ask your usual medical practitioner to complete the statement in the space provided on the back of this page.

Regards,  
 \_\_\_\_\_(Project Co-ordinator)

**PERSONAL HEALTH STATEMENT**

By signing this document below I honestly declare that:

I am currently fit to participate as a F.A.I.M./I.P.A.C./S.W.S.L. volunteer and do not suffer from any illness, ailment or incapacity that may prevent me completing my volunteer duties.

I realise that the project, for which I am a volunteer, may be located in isolated areas, and communications may be non-existent.

I realise that transport back to base may only be available at pre-arranged times, i.e., end of project. Also, I realise there is a risk of getting malaria, even if right preventative measures are followed.

Please indicate if you have, or have had, any of the following health problems.

1. Heart and circulation condition	No ( ) Yes ( )	2. Lung or chest condition	No ( ) Yes ( )
3. Kidney or prostate condition	No ( ) Yes ( )	4. Diabetes	No ( ) Yes ( )
5. Skin disease	No ( ) Yes ( )	6. Allergic reaction	No ( ) Yes ( )
7. Bone or joint problems	No ( ) Yes ( )	8. Malaria	No ( ) (Yes ( ), if Yes, when? _____)
9. Brain or nervous system problems	No ( ) Yes ( )	10. Stomach or digestive problems	No ( ) Yes ( )

Previous surgical operations. \_\_\_\_\_

Medications taken at present \_\_\_\_\_

Special dietary requirements \_\_\_\_\_

Any further comments \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_ Date / / .

## MEDICAL REPORT

Dear Doctor,

Your patient has volunteered to work for a Rotary Overseas Aid Project, in a non-paid capacity, for a period of \_\_\_\_\_ days / weeks.

These projects may be located in very isolated areas and a walk of some hours in hilly, tropical jungle may be necessary. Also some hard work will be involved.

Communications may be non-existent and transport back to base may only be available at pre-arranged times, i.e., at the end of the project.

In spite of preventative measures, malaria may be contracted.

Would you please give your professional consideration on your patient's health?

### Report:

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood pressure \_\_\_\_\_

### Has your patient ever suffered from:

1. Allergies	No ( ) Yes ( )	2. Asthma	No ( ) Yes ( )	3. Arthritis	No ( ) Yes ( )
4. Diabetes	No ( ) Yes ( )	5. Epilepsy	No ( ) Yes ( )	6. Hernia	No ( ) Yes ( )
7. Malaria	No ( ) Yes ( )	8. Mental disorder	No ( ) Yes ( )	9. Ulcers	No ( ) Yes ( )

### Has your patient had any disease, impairment, or abnormality of:

1. Eyes or sight	No ( ) Yes ( )	2. Ears or hearing	No ( ) Yes ( )
3. Heart or blood vessels	No ( ) Yes ( )	4. Gastrointestinal Tract	No ( ) Yes ( )
5. Genito-Urinary system	No ( ) Yes ( )	6. Lungs	No ( ) Yes ( )
7. Bones and joints	No ( ) Yes ( )	8. Brain or nervous system	No ( ) Yes ( )
9. Blood	No ( ) Yes ( )	10. Endocrine system	No ( ) Yes ( )
11. Skin	No ( ) Yes ( )		

If Yes to any of the above, please give details: \_\_\_\_\_

\_\_\_\_\_

Please list previous surgical operations: \_\_\_\_\_

\_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

On consideration of the above, do you consider the volunteer physically well enough to cope with this project? Yes ( ) No ( ) \_\_\_\_\_

\_\_\_\_\_

Other comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Practitioner's Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ Post Code \_\_\_\_\_ Telephone \_\_\_\_\_ Date / / .