

Medical Certificate for RAWCS Project Volunteer

ROTARY AUSTRALIA WORLD COMMUNITY SERVICE Aid Projects may be located in very isolated areas. A walk of some hours in hilly, tropical jungle may be necessary. Hard, physical 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.

PERSONAL HEALTH STATEMENT

By signing this document below I honestly declare that:

I have volunteered to work for a RAWCS Project, for a period of _____ days / weeks.

I am currently fit to participate as a RAWCS Project 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.

Volunteer's Signature _____ Date ____ / ____ / ____

MEDICAL STATEMENT

I have this day examined _____
NAME OF RAWCS Project Volunteer (PLEASE PRINT)

and found him/her to be in good health and enjoying full working capacity. He/She is physically and mentally able to carry on an intensive program of travel away from home and all activities of a Rotary Aid Project.

NAME OF EXAMINING PHYSICIAN (PLEASE PRINT) _____

ADDRESS CITY, STATE/PROVINCE COUNTRY _____

SIGNATURE OF EXAMINING PHYSICIAN _____

Date: _____

THIS FORM MUST BE SENT TO RAWCS Project Volunteer Coordinator, AT LEAST TWO WEEKS BEFORE THE DATE OF DEPARTURE