

Medical Clearance Form

Your patient (Name, DOB) _____ wishes to take part in an international agricultural volunteer program involving travel to _____.

The voluntary assignment may involve light physical activity, and the volunteer may spend significant amounts of time on farms and in the proximity of livestock. Access to modern medical facilities, medicine and equipment may be limited or unavailable in the rural areas in which the volunteer will be working. The volunteer will travel within the country by car; road conditions may be poor and the volunteer faces a risk of road traffic accidents. Travel to this region also exposes this volunteer to a number of risks, such as infectious diseases including malaria, tuberculosis, among others; possible temperature extremes, exposure to different altitudes, and various food and water borne diseases or ailments. The volunteer will be lodged in the homes of host families or apartments.

If you know of any reason why your patient's involvement in this program would be unwise, please indicate so on this form.

CRS and your patient named above request you to provide your professional judgment as to your patient's suitability to participate in this program on the form below. This form will be considered valid for one year from the date of signature unless otherwise indicated.

_____ The patient's general physical exam reveals no reason why he or she may not participate.

_____ I believe my patient can participate, but urge caution because:

_____ My patient should not engage in the following activities: _____

_____ I recommend that my patient **NOT** participate.

_____ Known Allergies: _____

Physician Name (Print): _____

Physician signature _____ Date: _____

Address _____

City, State _____

Zip _____ Telephone _____ E-Mail _____
