

Msafiri Tours

MEDICAL HISTORY QUESTIONNAIRE

Mandatory for all applicants:

Trip Name: _____

Personal Information

Applicant Name: _____

Age _____ Height _____ Weight _____ Blood Type _____

- 1) Do you have any allergies (Including medications, latex, insects, environmental)? If you don't have any, please write "N/A".
- 2) Are you taking any medications? Please list (include prn meds).
- 3) Have you had any health problems or medical tests in the past.
- 4) Please list any recent injuries or illnesses.
- 5) Have you ever been treated or are you currently being treated for any emotional or psychological problems?

Physician Information

Name of Your Physician/ Doctor: _____

Day Phone: _____ Evening Phone: _____

Contd. on Page 2.....

Disclaimer

I hereby authorize Msafiri tours to share the information listed in this form with Msafiri Tours’ partner institutions in order to provide adequate accommodations and urgent care in case of an emergency. I hereby understand that if a medical emergency occurs while in route to or from the destination location, or while participating in the Msafiri Tours trip, where I am unconscious or incoherent, Msafiri Tours may contact my emergency contact listed on my application. If my emergency cannot readily be reached, I authorize Msafiri Tours to select any medical provider to secure and administer medical treatment, including hospitalization and surgery, if needed. I hereby understand that any medical expenses incurred while abroad will be solely my responsibility. I hereby release Msafiri Tours, its faculty and staff, from any liability in case of an accident and/or injury, including resulting in death. I hereby agree that I answered truthfully to the questions in this form and that omitting any information may result in a delay of medical care during an emergency, mistreatment of injury or illness, and/or administration of medications that may be hazardous to my health.

Signature _____

Name: _____ Date: _____

Parent/Legal Guardian’s name and Signature (If participant is under 21 years of age)

Date: _____