

# BRASS/El Pilar Program Medical Form

Please fill in this medical history form as completely as possible and return it with your application. The information will be kept strictly confidential and may be helpful to us in the event of a medical situation during your stay.

Accidents of any sort are extremely rare at El Pilar and the Program has a health and safety plan to address these concerns. Emergency medical care is available in San Ignacio, twenty-five minutes from the site and five minutes from our HQ.

It is recommended that all participants have a current tetanus booster, typhoid immunization and a malarial prophylactic such as Chloroquin.

PLEASE PRINT

Name \_\_\_\_\_

Home phone \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Date of Birth (Mo/D/Yr) \_\_\_\_\_ Male \_\_\_ Female \_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

List any allergies or existing medical conditions (diabetes, heart, knee, etc.):

\_\_\_\_\_

List any medications you take:

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_