

RATA Health Profile



Trip Details

RATA Country of Visit: _____ Year of Visit: _____

Name: _____ Medic Alert Number: _____

Your Health Details

1. Please tick if you have any of the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Fits of any type |
| <input type="checkbox"/> Chronic nose bleeds | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Dizzy spells |
| <input type="checkbox"/> Colour blindness | <input type="checkbox"/> Other (please specify) _____ | |
| <input type="checkbox"/> Sleepwalking | | |

2. Are you currently taking medication? No Yes If yes, please state:

Ailments: _____

Name of medication/s: _____

Dosage and time/s to be taken: _____

Other treatment: _____

3. Have you had any major injuries (breaks or strains) or illness (glandular fever, etc) in the last six months that may limit full participation in any activities?

No Yes If yes, please state: _____

4. Are you allergic to any of the following?

	Yes	No	
Prescription medication:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insect bites/stings:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other allergies:	<input type="checkbox"/>	<input type="checkbox"/>	_____

What treatment is required? _____

RATA Health Profile



Your Health Details continued

5. Please tick the inoculations you have had, so we know that you are currently immunised?
(Not all are necessary for each country- please ask)

- | | | |
|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Hepatitis Twinrex | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Typhoid | <input type="checkbox"/> Yellow Fever | <input type="checkbox"/> Diphtheria |
| <input type="checkbox"/> MMR | <input type="checkbox"/> Influenza | <input type="checkbox"/> Cholera |

Yes, I am aware that for India, Ghana and Tanzania I need to have Malaria medication

6. Please outline any dietary requirements:

7. Is there any information the RATA Team leaders should know to ensure your physical & emotional safety?
(For example cultural practices; disability; anxiety about heights/darkness/small spaces; pregnancy; depression or emotional problems).

No Yes If yes, please state or attach information:

- I will inform RATA as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.
- I agree to myself receiving any emergency medical, dental, or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.
- Any medical costs not covered by Travel Insurance will be paid by me.

Signed: _____

Dated: _____

Rata will hold this information in the strictest of confidence and only the team leader and registra will be informed of its contents: Rata directors.