

Medical Questionnaire

Applicant's Name: _____ Date: _____

1. Do you have any physical conditions, which may limit your ability to perform the work for which you have applied, such as any knee, back, or respiratory problems?
2. Do you have any existing medical condition that may require extended medical treatment or surgery in the future?
3. Have you had any surgery or major health problems in the past 2 years? If so, please explain.
4. Are you currently taking or do you regularly take any medications? If so, please explain and note which are prescription and non-prescription.
5. Are you currently under a doctor or counselor's care or have you been in the past year? If so, please explain.
6. Do you have any special dietary needs? If so, please explain.
7. Please summarize your health. Do you place any limits on yourself to avoid physical or medical problems? (Any hearing, vision, mobility limitations?)
8. Please indicate your blood type (be sure to bring this information with you as you travel):

Your signing this questionnaire indicates that you realize you may well serve in locations with harsh climate, and few comforts. Daily program may be long and physically demanding. GHNI-USA has no desire to put people in situations that are unwise or hazardous to their health. If you have any doubts or hesitations about your ability to complete this project and return in good health please let us know. We recommend that you consult your personal physician or other appropriate medical professional.

Applicant's Signature: _____ Date: _____