

# MEDICAL DETAILS

VERSION  
1.4

Please scan and email a copy of this form to your Support Coordinator or [info@gviworld.com](mailto:info@gviworld.com)

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

Program Name: \_\_\_\_\_ Start Date (DD/MM/YYYY): \_\_\_\_\_

**Do you currently suffer, or have you ever suffered from any of the following in the past 10 years:**

Please note: a positive response to a question does not necessarily disqualify you from a GVI Program. However, if you have a pre-existing condition you should seek medical advice from your physician/general practitioner prior to commencing your program.

**Condition (circle appropriate answer)**

Respiratory conditions including Asthma	YES	NO
Epilepsy seizures or convulsions, or take medications to prevent them	YES	NO
Diabetes	YES	NO
Allergies	YES	NO
Arthritis	YES	NO
High blood pressure	YES	NO
Heart condition	YES	NO
Neurological problems	YES	NO
Orthopaedic problems	YES	NO
Head injury	YES	NO
Intestinal problems	YES	NO
Anaemia	YES	NO
Heatstroke	YES	NO
Skin disorder	YES	NO
Dizziness	YES	NO
Recent surgery (past 5 years)	YES	NO
Back, spinal or limb problems including surgery, injury or fracture	YES	NO
Cancer	YES	NO
Eating disorder	YES	NO
Crohn's Disease	YES	NO
Have you had any psychological / psychiatric illness including panic attacks and depression?	YES	NO
Do you have any other medical conditions / history not covered above?	YES	NO

If you have answered "yes" to any of the conditions above, please provide further details (you can add another sheet if necessary):

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## Do you take any prescription drugs or medication?

YES

NO

Please supply the following for each medication you are taking (please add an additional page if necessary):

Medical Condition	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage, method and timing	
Storage requirements (refrigeration etc)	
Special precautions/other instructions	
Are there any side effects?	
Procedures to take in an emergency (signs, symptoms, administering steps and extra information if needed)	

## Your agreement:

I have read the information and understand the physical and mental demands of this program. I declare that the information on this form is correct and that if any changes occur between now and the start of my program I will inform GVI immediately in accordance with GVI's booking [terms and conditions](#).

I have informed my doctor of the types of activities I will be doing and the location in which I will be staying and have had all recommended vaccinations and preventative medication. I understand that if I have neglected to have all recommended preventative medicines, I will be participating at my own risk, and I may not be permitted to partake in some activities, including the program as a whole, if the field staff decide that it puts other participants at potential increased risk. I understand it is my responsibility to inform my travel insurance company of any pre-existing medical conditions prior to departure. I authorize GVI to hold and use any medical information declared in this form supplied by me about me and by my doctor. I agree for GVI to pass this information in confidence in the event of a medical emergency to my travel insurers and their appointed agents.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: (DD/MM/YYYY) \_\_\_\_\_

**Please note:** If you have answered "no" to all medical conditions and do not take any medication, you are not obliged to get your doctor's signature below. However, all participants are obliged to provide the name and contact details of their doctor so we can contact them in case of emergency,

## Doctor's Agreement

\_\_\_\_\_ (insert name) has informed me of the physical and mental demands of the program which they are joining and I declare that to the best of my knowledge, they are in a good enough physical and emotional state to join the program given the planned trip itinerary and potential risks\*

Signed: \_\_\_\_\_ Date: (DD/MM/YYYY) \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*\*Some GVI programs may require physical and mental fitness to withstand stressful situations, extreme temperatures, high altitude, basic conditions and group living. While GVI has put in place preventative measures to reduce the spread of COVID-19, it cannot guarantee participants will not become infected with COVID-19. By joining a GVI program, participants acknowledge the contagious nature of COVID-19 and understand the risk of becoming exposed to and/or infected with COVID-19. If you have any questions about a particular program, or our health & hygiene protocols, please contact GVI.*

