



ROTARY AUSTRALIA WORLD COMMUNITY SERVICE Aid Projects may be located in very isolated, tropical areas which are geographically challenging. Walking for some hours in hilly, tropical jungle may be necessary. Hard, physical work such as heavy lifting and building construction may be involved. Communications may be limited or non-existent and transport back to base may only be available at pre-arranged times, i.e. at the end of the project. In spite of preventative measures, malaria and other tropical diseases may be contracted.

PERSONAL HEALTH STATEMENT

I have volunteered to take part in a RAWCS Aid Project for a period of _____ days/weeks.

Project Name: _____ Country/Countries: _____

By signing the document below I honestly declare that:

I am currently fit and able to participate as a RAWCS Project Volunteer and do not suffer from any pre-existing medical condition, illness, ailment or incapacity that may prevent me from completing my volunteer duties.

I realise that the project for which I have volunteered may be located in an isolated area and communications may be limited or non-existent.

I realise that transport back to base may be difficult or only available at pre-arranged times, i.e. end of project.

I have sought medical advice on preventative measures, vaccinations and medications required to travel to the locations stated above.

I realise that there may be a risk of contracting malaria or other tropical diseases in areas where the diseases are existent, even if the recommended preventative measures are followed.

Pre-Existing Medical Conditions

To ensure insurance cover, ALL Volunteers who have a Pre-Existing Medical Condition MUST have a Medical Examination.

A Pre-Existing Medical Condition includes, but is not limited to:-

- a) an ongoing medical or dental condition of which you are aware or related complication you have, or the symptoms of which you are aware
- b) a medical or dental condition that is currently being treated, or has been investigated, by a health professional (including dentist or chiropractor)
- c) any condition for which you take prescribed medicine
- d) any condition for which you have had surgery
- e) pregnancy

Name of Volunteer: _____

Address: _____

Volunteer's Signature: _____ Date: _____

MEDICAL STATEMENT

I have this day examined: _____
Name of RAWCS Project Volunteer (Please Print)

and found him/her to be in good health and able to undertake the type of work involved in a Rotary Aid Project as described to me. He/she is physically and mentally capable of carrying on an intensive program of travel and activity associated with a Rotary Aid Project. I have advised the volunteer on preventative measures, vaccinations and medications required to travel to the country/countries stated above. I however accept no responsibility for his/her health at the time of the trip or other activities undertaken.

NAME OF EXAMINING PHYSICIAN (PLEASE PRINT) _____
ADDRESS _____

STREET _____

CITY _____

STATE _____ POSTCODE _____

SIGNATURE OF EXAMINING PHYSICIAN _____ DATE _____

THIS FORM MUST BE SENT TO THE REGIONAL RAWCS PROJECT VOLUNTEER COORDINATOR AT LEAST TWO WEEKS BEFORE THE DATE OF DEPARTURE