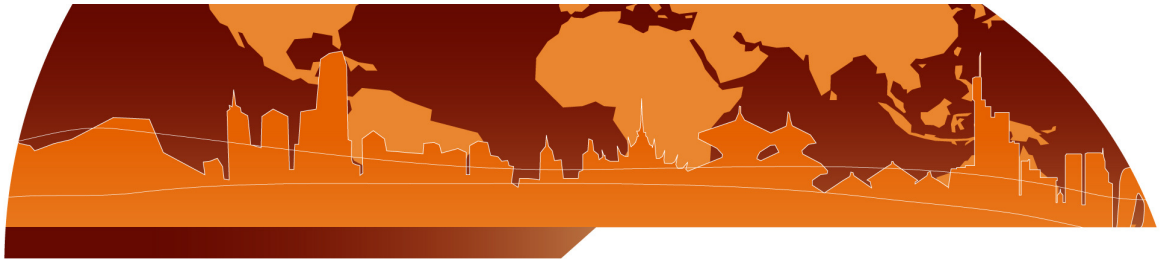

GLOBAL XPOSURE
Medical Certificate

Participant to complete:

Name	Destination/s	Length of stay
I have disclosed all my known medical conditions and issues to the below named doctor Y N	Signature	Date

Doctor to complete:

	please tick
I am aware of the destination and type of programme to be undertaken	
I have informed the above named participant of the required precautions to be taken against:	
Malaria	*Tetanus*
HIV/AIDS	*Bilharzia*
Hepatitis	*any other illness they may encounter*

I am satisfied that the above named participant's general health status is appropriate for the programme in the climate and conditions to which they are going, subject to the following conditions and restrictions:

I have noted any allergies, asthma, diabetes, epilepsy, depression/mental disorder:

Signature	Date

Doctor's stamp / Contact details

NOTE: Certain information from this Medical Certificate may be disclosed to relevant Global Interaction staff and/or representatives.

GLOBAL | INTERACTION