

GRASSROOTS in TANZANIA

Mission Trip Health Form

Name: _____

We are delighted that you want to join Grassroots on a trip to Tanzania. We are aware, however, that the climate, culture, pace and one's own general health do sometimes make a trip like this very difficult. We would therefore be grateful if you would complete this form and return it to the office. This also acts as a self disclosure of pre-existing conditions for the insurance for the trip. Once we have this information will then check with the team doctor and insurance before confirming you have a place on the team and whether there is any additional premium to pay.

- 1) We often have to climb in and out of trucks, travel on bumpy roads and walk up to 2 miles. Do you have any problem with mobility?
- 2) Do you have any allergies? (We cannot provide vegetarian alternatives whilst in TANZANIA)
If yes, please give details
- 3) Are you taking any regular medication?
If yes, please give details
- 4) Do you have any history of suffering from depression or any phobias?
If yes, please give details
- 5) Due to cultural reasons alcohol and smoking are not permitted on this trip. Will you have a problem with this?
- 6) Have you or any member of your immediate family got any other medical condition that we should inform the insurance company about?

Please give details of your next of kin so we can contact them in an emergency

Name:

Address:

Phone:

Mobile:

Email:

Is there any other information you think we should know? (please feel free to write continuation sheets where applicable)

Please return this form to:

GRASSROOTS IN TANZANIA

The Grassroots Trust, 8 Meadow Way, Rowledge, Farnham, Surrey GU10 4DY
Charity Number 1060034

