

WCCN EDUCATIONAL TOURS

HEALTH INFORMATION

Travel delegations are intensive physically and emotionally. Please carefully assess your health, both mental and physical, in light of the potential rigors of the trip. In making that assessment, please consider that some of the physical conditions encountered in Nicaragua could include: climatic changes -- high temperatures (90 - 100 degrees F) and/or high humidity; exposure to unfamiliar bacteria due to change in diet and water and other changes in diet; long days and intense schedules; travel in cramped vehicles; some travel on foot; limited availability of some medical equipment and medicines. These factors combined with the potential stress of culture shock could affect your health. We ask that you consult with your health care provider regarding your condition for this trip. If you have other questions about conditions in Nicaragua, please call WCCN.

1. Name (please print) _____

Date of Birth _____

Blood type _____ Sex _____

2. Do you suffer from any of the following medical conditions? (please explain where necessary)

- epilepsy
- allergies (including allergies to medications)
- heart condition
- diabetes
- back problems or other injuries
- high blood pressure
- gastrointestinal disorders
- others (please list):

How might any of these conditions affect your travels?

3. Do you have any other physical conditions, which would affect your travels? Please explain.

4. Are you currently or have you been under a doctor's care during the past six months? If yes, what condition(s) are being treated?

How might these conditions affect your travels?

5. Will you carry any medications with you to Nicaragua? If yes, please specify names, conditions they treat, and possible side effects.

6. Are you currently on any special diet (even if voluntary, such as vegetarian)?

7. Do you smoke?

8. Any other comments about your health?

9. Will your medical insurance cover expenses for treatment received during the travel delegation? ____ If not, please purchase travelers' insurance to cover you during the tour. You/your insurance policy will need to assume all medical costs incurred while participating in the delegation.

Please indicate your carrier and policy number:

10. In case of illness or emergency, who should we notify?

Name/Relationship:

Address

Phone

(Day)

(Evening)

(Signature of applicant)

(Date)

**Please return this completed form eight weeks before the
tour begins
to the WCCN office: P.O. Box 1534 • Madison, WI 53701**