



LAND & CULTURE ORGANIZATION

SUMMER 2008 CAMPAIGN

Medical Evaluation Form

Good health is necessary to enable volunteers to perform to the best of their ability. The attached forms comprise an evaluation of your state of health. Acceptance is conditional upon the return of your medical evaluation forms, completed in full.

There are three parts:

1. A summary of your medical history to be filled out by you before you see your physician.
2. The results of some standard screening examinations which your physician will help arrange (optional).
3. Medical clearance by a physician attesting that you are physically able to participate in our program.

Please return this form with your application to the following address:

Land and Culture Organization
Attention: Campaign Coordinator
1435 Old House Rd.
Pasadena, CA 91107.

**Land and Culture Organization
Summer 2008 Campaign**

Print your name: _____

Age: _____

Please complete these pages before seeing your physician. He/she will review the information with you. Please print.

1. What diseases run in your family? (Such as anemia, tuberculosis, diabetes, rheumatic fever, allergies, asthma, hay fever, nervous disorders, etc.)

2. List the illnesses or injuries for which you have been in a hospital. Include all operations. Name hospital and dates.

3. For what disorders have you seen a physician in the last five years? Do not list illnesses of only one week or illnesses listed under #2.

4. If you have a specific physical handicap, cite any special accommodations the LCO may provide for you while working in Armenia, Syria, or Karabagh.

5. What medical problems or illnesses do you have now?

6. Have you, in the past or present, experienced substance (alcohol, drug, prescription medicines)? _____

7. Female volunteers, check the following if applicable:

- a) Irregular periods _____ b) Dysmenorrhea _____
c) Oral contraceptives _____ d) Other contraceptives _____

8. What medicines or medications (for example: allergy injections, thyroid pills, antihistamines, etc.) do you now take (specific name and dosage)?

9. Do you wear glasses? Yes No Contact lenses? Yes No
If yes, when was the last time glasses were checked? _____
If no, when was the last time your eyes were checked? _____

10. Weight: Greatest in last three years: _____
 Least in last three years: _____
 Present weight: _____

Certain immunizations have been required for entry into the school system as a child. Booster shots are necessary in some instances to maintain your immune status. Listed below are the ones required by most schools. If you have missed these for any reason, you must be immunized by your physician.

Vaccine	Date	Doctor or Clinic
DPT		
Diphtheria	_____	_____
Tetanus	_____	_____
Pertussis	_____	_____
Polio (oral)	_____	_____
Rubella (German measles)	_____	_____
Measles (rubella)	_____	_____
Mumps	_____	_____

As an adult, the following are recommended by the Council of Adult Immunization of the American College of Physicians.

Rubella Immune Status (Rubella titer) _____

Tuberculin Test (if positive, chest x-ray) _____

Diphtheria, Tetanus Toxoid _____

Hepatitis B Vaccine (optional) _____

Hepatitis A Vaccine (optional) _____

Pneumococcus vaccine (optional) _____

Certification of immunization by applicant's physician must be enclosed.

PHYSICIANS NOTES AND COMMENTS

Physicians signature attesting that volunteer is physically and mentally fit to participate in the Land & Culture Organization 2008 summer campaign.

Physician's signature