



## Medical check

Have your doctor complete and sign the Medical Check form and return it signed with your application. Please note that applications will not be processed without your signed Medical Check form. All information provided to Equal Health is confidential and in accordance with the National Privacy Principles (Commonwealth Privacy Act 1988).

Dear Doctor

I .....  
(Name of applicant)

Have applied to undertake a volunteer placement with Equal Health in a developing nation. The work involves long days in crowded and hot humid conditions and the physical demands require lifting suitcases, long journeys by bus on extremely rough roads and short walks on occasional hilly terrain. The work is in isolated areas and medical help can be up to three hours or more away. The emotional demands can be quite challenging.

Please give your opinion on my ability to serve under these conditions.

Comments by treating doctor .....  
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Please advise Equal Health of the following in relation to my health

Dietary restrictions .....

Physical/mental disabilities .....

Health problems .....

Reliance on medication .....

Allergies to medication .....

Doctor's name.....Phone .....

Address .....

Signature .....Date .....

I .....  
(Name of applicant)

Consent to my above named practitioner providing Equal Health with the above information.

Applicant's signature ..... Date .....