



Confidential Health Form I
(to be completed by Volunteer and Parent/Legal Guardian)

Note: Providing false, misleading and/or incomplete information may seriously endanger the health of a Volunteer and is grounds for his/her dismissal from the AMIGOS program. Volunteer files, including medical forms, are considered confidential and information is released by the International Office on a need-to-know basis only. Disclosure of a medical condition does not automatically disqualify an applicant from admission to the program, but may result in further screening to determine appropriateness for AMIGOS service.

Attention Chapter Volunteers:

Please return this form and the "Letter of Medical Disclosure" in a sealed envelope by the date determined by your chapter.

Volunteer name _____ Gender: CV or Chapter: _____

Date of Birth: ____ / ____ / ____ Home Phone number: _____

Note: AMIGOS provides a supplemental, short-term, international health insurance policy, which will cover medical expenses not covered by the Volunteer's primary insurance policy while in Latin America up to \$100,000. This policy does not cover care in the U.S. or the Volunteer's country of origin and does not cover pre-existing conditions. Volunteers must carry a primary health insurance policy for medical expenses not covered by the AMIGOS supplemental policy and for follow-up care when they return home. Expenses not covered by the AMIGOS supplemental policy will be entirely the responsibility of the Volunteer and his/her family.

1. Have you ever sought professional help for a psychological or behavioral problem?

Yes No If yes, please describe the problem.

2. During the past two years have you received any of the following health care services?

If yes, please document dates and a brief description of the treatment you were provided:

Outpatient mental health services: Yes No

Dates: _____ Reason: _____

Inpatient psychiatric services: Yes No

Dates: _____ Reason for Hospitalization: _____

Are you currently, or have you within the past 2 years, taken prescribed medication for a psychological or behavioral problem? Yes No

If yes, please document dates and the specific drug with dosage taken.

Chemical dependency services: Yes No

Dates: _____ Reason: _____



Volunteer's name: _____ CV or Chapter: _____

3. Do you have any other health condition (physical or mental) that may need to be taken into consideration in-country or in making your program assignment?
 Yes No If yes, please explain:

4. If you are currently under treatment for any condition(s) mentioned above, please provide the name and telephone number of the treating clinician(s) .

I hereby certify that the information provided in Confidential Health Form I is complete and accurate. I understand that submission of inaccurate and/or incomplete information about my medical and/or emotional health history may result in my dismissal from the AMIGOS program. I agree that if any substantial change should occur in my medical and/or emotional health prior to my departure for Training and Latin America Service Program locations, I will also inform AMIGOS in writing immediately. I further agree that I will sign a release form with my treating clinician(s) to allow the exchange of information with authorized AMIGOS representatives.

Note: If the Volunteer is under 18 years of age, at least one custodial parent or legal guardian must sign this release and provide an appropriate contact phone number.

Volunteer's Signature: _____ Date: _____

Signature of Parent (or Legal Guardian) _____ Date: _____

Contact Phone Number: (_____) _____ - _____ ext. _____