



Pureland Travels
MEDICAL HISTORY & HEALTH CLEARANCE FORM

THE INFORMATION ON THIS FORM WILL NOT BE USED TO DENY PARTICIPATION IN THE PROGRAM. IT WILL ONLY BE USED IN CASE OF EMERGENCY. PLEASE FILL OUT THIS FORM COMPLETELY AND ANSWER ALL QUESTIONS TRUTHFULLY. Regarding disability, it is your responsibility to provide the necessary documentation of disability and to give adequate notice when requesting accommodations that require preparation. Our travel in Tibet will be extremely difficult and some requests for special accommodations may not be possible. By filling out this form completely and answering all questions truthfully, we will be able to determine whether we are able to provide you with necessary accommodations. We apologize that this trip may not be accessible to all, due to the poor travel conditions in Tibet.

PARTICIPANT INFORMATION

PARTICIPANT NAME (as in passport): COUNTRY OF BIRTH:
PASSPORT NUMBER/EXPIRATION DATE: SCHOOL OR EMPLOYER:
CHINESE VISA NUMBER: SEX:
DOB: AGE:

PERSONAL AND FAMILY HISTORY

- 1. ARE ALL OF YOUR PARENTS AND SIBLINGS ALIVE? YES NO if no, describe:
2. HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?

Table with 3 columns: Condition, SELF (YES NO), RELATIVE (YES NO). Rows include HEART ATTACK, STROKE; HIGH BLOOD PRESSURE; HIGH CHOLESTEROL; DIABETES; CANCER; ALCOHOL/DRUG ABUSE; EMOTIONAL DISORDER; HEREDITARY DISORDER.

- 3. HAVE YOU HAD MAJOR SURGERY? YES NO if yes, describe:
4. HAVE YOU EVER RECEIVED MEDICAL OR PSYCHIATRIC AID OR LONG-TERM COUNSELING OR BEEN HOSPITALIZED FOR EMOTIONAL PROBLEMS(I.E.EMOTIONAL/EATING DISORDERS, DRUG ALCOHOL PROBLEMS)? YES NO if yes, describe:
5. DO YOU HAVE ANY ONGOING MEDICAL CONDITION/MEDICATIONS? YES NO if yes, describe:
6. ALLERGY YES/NO if yes, describe:
7. DO YOU HAVE A DISABILITY THAT REQUIRES SPECIAL ACCOMMODATIONS SUCH AS A SINGLE ROOM, EXCUSE FROM HIKING TRIPS ETC. YES NO if yes, describe:
8. DO YOU HAVE ANY LEARNING DISORDERS THAT REQUIRE EXTRA ASSISTANCE COMPLETING READINGS OR COURSEWORK? YES NO if yes, describe:
9. DO YOU HAVE ANY MEDICAL INFORMATION YOU WOULD LIKE US TO DISCLOSE TO YOUR HOUSING/MONASTERY IN THE VILLAGE? YES NO if yes, describe:

EMERGENCY CONTACT INFORMATION

DR. NAME: DR. PHONE:
EMERGENCY CONTACT NAME : CONTACT PHONE:
EMERGENCY CONTACT EMAIL:
TRAVEL INSURANCE NAME: INSURANCE PHONE:
TRAVEL INSURANCE POLICY NUMBER:

IMMUNIZATIONS

I accept complete and absolute responsibility and liability for ensuring that I am properly immunized against conditions and diseases for the China. I represent and warrant that I am informed what the proper immunizations are (Please see Centers for Disease Control and Prevention's website www.cdc.gov/travel/). I have received all

necessary and recommended immunizations, or take responsibility for not taking the immunizations.

EMOTIONAL AND PHYSICAL STRESS

Living and studying in a foreign environment may create unexpected physical and emotional stress, which may exacerbate otherwise mild disorders. I understand that it is important that I am able to adjust to potentially dramatic changes in climate, diet, living conditions and studying conditions that may be seriously disruptive to accustomed patterns of behavior. I understand that I should never assume that going abroad to study would provide an antidote to health problems experienced at home.

MEDICATIONS & TRAVELING ABROAD

If you regularly take prescription medications, bring a supply to last throughout your time abroad. Bring a letter (in your carry-on luggage) from your health care professional listing your medications, their dosage, their generic name, and a description of the condition being treated, and give Meg a copy of the letter upon arrival. This letter could be helpful in an emergency. Make sure all drugs you take with you are in the original pharmacy containers and are clearly labeled. You should carry copies of the prescriptions to avoid problems with Customs. Be sure to carry all prescriptions, medicines, and related paperwork in your carry-on luggage. In the case of narcotic medicines, you may not be able to carry additional supplies because of possible Customs difficulties. Instead, bring a prescription with the drug's generic name and a letter from your health care professional describing your condition. Most countries have very strict regulations on having medications shipped abroad, and in many countries it is illegal to ship it altogether. Check with the postal service and customs office well in advance. It is imperative that you discuss with your health care professional in the U.S. ahead of time how you will get medications that you need in your host country if you are not able to bring a full supply with you.

PARTICIPANT AUTHORIZATION AND RELEASE

I authorize The Pureland Project and Treehouse Abroad to seek and to obtain medical and surgical services, immunizations, and therapeutic procedures as deemed necessary by duly licensed healthcare professional. I am aware that due to the nature of traveling abroad, it may not be possible to obtain the same quality of health care that I would receive if I were treated in the United States. I freely, knowingly and willingly choose to participate in the program and assume the associated risks and will take due care during such participation. I hereby release and discharge, indemnify and hold harmless The Pureland Project and Treehouse Abroad, its governing board, officers, employees, agents, interns, and any other persons or entities acting on its behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands and causes of action whatsoever, either in law or equity, relating to the diagnosis and/or treatment of any ailment, condition, disease, disability or bodily and psychological injury arising from my participation in the ISA program. I understand that I am solely responsible for any costs arising out of the diagnosis and/or treatment of any ailment, condition, disease, disability or bodily and psychological injury sustained through my participation in normal or unusual acts associated with the ISA program. I represent and warrant that I am in good health, and affirm that my participation in the program will in no way aggravate any condition(s) present.

RIGORS OF STUDY ABROAD

ALL participants must complete this form to demonstrate they are cleared, health wise, to participate in the program.

MEDICATIONS AND ALCOHOL

During this course, I agree to take all medications as prescribed by my mental health practitioner, and not to partake in any activities that will lessen the effectiveness of my prescribed medication. I will not consume any intoxicants (alcohol, or drugs) for the duration of this course. If I am found to be in violation of this rule, I understand that I will be dismissed from the program and responsible for all costs incurred from early dismissal.

BY SIGNING BELOW I CERTIFY THAT THE INFORMATION IS TRUE AND CORRECT. FURTHER, I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THE AUTHORIZATION AND RELEASE.

PARTICIPANT SIGNATURE

PRINTED NAME OF PARTICIPANT

DATE

PARENT/GUARDIAN SIGNATURE(IF PARTICIPANT IS UNDER 18)

PRINTED NAME

DATE