

Confidential
Fitness & Inoculation Report

Dear Volunteer ,

You should fill in the blanks in this form on this side before handing it to your doctor along with a stamped envelope addressed to SVP. Please be sure to give your doctor a complete and accurate account of your medical history and to sign the declaration below.

Name in full
Home
Address

Date of birth

Sex M / F

Name & address
of examining Doctor

I declare that I am prepared to accept the results of this report and that the details of this examination may be revealed to SVP's Medical Advisor who may make further enquiries in confidence with any medical authority which I have attended.

Signed by the Volunteer

date

Name (in capitals)

To the examining Doctor

Dear Doctor,

SVP is a small voluntary organisation which depends on students and other volunteers finding much of their own finance for our work. We are very grateful to those doctors who are able to waive or reduce their fee (which is payable by the volunteer) for this examination and advice. A detailed physical examination is not looked for but we do need to know that the volunteer is healthy and fit for this work.

SVP volunteers will be working for about three months mostly indoors in northern Sudan where temperatures may be up to 45°C and conditions occasionally dusty.

Malaria prophylaxis with Lariam has had undesirable side effects with some of our volunteers and the London School of Hygiene & Tropical Medicine* has now dis-recommended Proguanil and Chloroquine and they suggest Malarone or Doxycycline. Doxycycline (100mg daily) is reasonably cheap in Sudan while Malarone is not available. Please also prescribe a self-treatment course of Quinine: 2x300mg 8 hourly for 3 days plus Fansidar 3x25mg once on day 3, for use for fever where medical treatment is not available.

Please make any comment on the form which may be relevant. All information you give will be treated in confidence.

Many thanks for your help.

SUDAN VOLUNTEER PROGRAMME

* London School of Hygiene & Tropical Medicine website <http://www.malaria-reference.co.uk>

Medical history: Has the patient ever had problems with any of the following :

Frequent coughs, colds or sinusitis	Y/N	Ear infections	Y/N
Asthma, hay fever or allergy/sensitivity	Y/N	Digestive problems	Y/N
Arthritis	Y/N	Kidney or bladder problems	Y/N
Back problems	Y/N	Dehydration incidents	Y/N
Migraine or recurring headaches	Y/N	Diabetes	Y/N
Nervous/mental disorders	Y/N	Epilepsy	Y/N
Major operations	Y/N	Skin problems	Y/N
Anorexia/bulimia	Y/N	Serious accident	Y/N
Tuberculosis or other chest problems	Y/N	Hearing problems	Y/N
Sexually transmitted diseases or AIDS	Y/N	Recent dental check up	Y/N
Comments		Continuing medical treatment	Y/N

Physical Examination please tick if normal or comment if otherwise

<input type="checkbox"/> General physique	<input type="checkbox"/> Weight/BMI
<input type="checkbox"/> Central nervous system	<input type="checkbox"/> cardio vascular system
<input type="checkbox"/> Respiratory system	<input type="checkbox"/> Hernia
<input type="checkbox"/> Abdomen	<input type="checkbox"/> ENT
<input type="checkbox"/> Eyes & pupils	<input type="checkbox"/> Teeth & mouth
<input type="checkbox"/> Skin	<input type="checkbox"/> Musculo-skeletal
<input type="checkbox"/> Urine analysis	<input type="checkbox"/> Pulse/Blood pressure

Comments

Psychological History please tick if normal or comment if otherwise

- Present condition
- Any history of problems

Comments

Inoculations date No

Polio/ Tetanus & Diphtheria

Meningitis (A meningococcal vaccine)

Typhoid

Hepatitis A & B

Anti-Malaria recommendation

Any further comments

I believe the person reported on here is healthy and fit for work with SVP

Signed

date

Name in capitals or stamp