



NPH International



Volunteer Application – Health Statement
NUESTROS PEQUEÑOS HERMANOS
CONFIDENTIAL

Volunteer name:

Date of Birth:

NPH country where volunteer will serve:

Insurance (if you have any) Name and policy number:

The applicant listed above has applied for a position as a volunteer in one of the nine homes of **Nuestros Pequeños Hermanos**, which serves more than 3,500 orphaned, abandoned or disadvantaged children in Mexico, Honduras, Haiti, Nicaragua, Guatemala, El Salvador, Dominican Republic, Peru and Bolivia. Volunteers work in a variety of positions such as administrators, house parents, nurses, teachers, therapists, tutors, etc. Volunteers live and work in difficult conditions, and must be able to adjust to life in a foreign country. This means adapting to unusual food, a different language and culture, exposure to parasitic infections and other stress producing factors.

Good health is of utmost importance for our volunteers. The presence of some conditions does not disqualify an applicant from service, but it can be difficult to get the same type of care he/she may have in the country of origin, though NPH will share the resources available in the local clinic with the volunteer.

If there is a history of some of the conditions listed below we may require additional documentation.



To be filled out by your doctor:

How long have you known the applicant?

Has the applicant ever been diagnosed with, or does the applicant currently experience any of the following maladies?

	YES	NO
Frequent or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose or throat infections	<input type="checkbox"/>	<input type="checkbox"/>
Chronic or frequent colds or respiratory infections	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please note the type of medication required and frequency of attacks:</i>		
High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please note whether patient is taking any medicine, and whether control is achieved:</i>		
Frequent - digestive symptoms: stomach or bowel	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please note whether patient is taking any medicine, and whether control is achieved:</i>		
Kidney infections, kidney stones or UTIs?	<input type="checkbox"/>	<input type="checkbox"/>
Issues with the eyes, ears, nose, throat or jaw, or dental that require special care	<input type="checkbox"/>	<input type="checkbox"/>
Liver, pancreas, gall bladder	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes- type I or II or other endocrine condition	<input type="checkbox"/>	<input type="checkbox"/>
Depression, anxiety, or excessive worry	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please note whether patient is taking any medicine, and whether control is achieved:</i>		
Any diagnosis of psychiatric illness	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please note whether patient is taking any medicine, and whether control is achieved:</i>		
Blood and blood vessels disorder such as bleeding problems, anemia, hemophilia, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Heart, cardiac or cardiovascular problems	<input type="checkbox"/>	<input type="checkbox"/>
Any disease potentially affecting the immune system	<input type="checkbox"/>	<input type="checkbox"/>
Seizures or other neurological disorders	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (to medication, drugs, vaccines or vaccine components, food like eggs, yeast, insect bites)	<input type="checkbox"/>	<input type="checkbox"/>
A serious reaction such as hives, rash, wheezing, difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please note whether patient is taking any medicine, and whether control is achieved:</i>		



History of eating disorder(s)	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, was there treatment? When?</i>		
History of drug or alcohol abuse/addiction	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, was there treatment? When?</i>		

Is there any medical condition not listed we should be aware of?

Is there any mental health disorder not listed we should be aware of?

Does the applicant take any medication or treatment on a chronic basis for prevention or control of any medical or psychiatric condition? Please provide the generic name of the medication (not manufacturer name).

If the applicant needs a one year supply of medication, will he/she be able to obtain it prior to his/her departure?

Any condition that will require special accommodation?



VACCINATION HISTORY

Please provide the dates of these vaccines and the last booster.

-Vaccines required by NPH

Tetanus/Diphtheria/(Pertussis)					
Hepatitis A					
Hepatitis B					
MMR (SRP in some countries)					
Yellow Fever (ONLY Peru and Bolivia mandatory)					

Please note if any of the above vaccines are not up-to-date:

-Vaccines recommended by NPH

Typhoid

Rabies

TESTING HISTORY

Date of PPD test: Result: Please specify in mm

Other TB blood test (name and result)

If positive:

 Date of Chest X-ray:

 Result of Chest X-ray:

 Dates of treatment:

Note: The result does not exclude the applicant to be accepted.

The applicant will submit this Health Statement to the NPH Volunteer Coordinator of the home they will be volunteering in. If the NPH Volunteer Coordinator has further questions it will be forwarded to the corresponding Regional Medical Coordinator of NPHI Medical Services.



NPH International



Please refer to the CDC website for recommendations specific to the country in which the volunteer will serve: www.cdc.gov/travel

COMMENTS:

** By signing this Health Statement you are verifying that to the extent of your knowledge the applicant is healthy enough to live in a developing country for a minimum of thirteen months.**

Physician's Signature:
Physician's Printed name:
Address:
Date:

Failure to disclose a physical or mental health issue to NPH will be grounds for termination from our volunteer program.

IF YOU HAVE ANY QUESTION REGARDING HEALTH ISSUES YOU CAN CONSULT THE NPHI MEDICAL TEAM: edms.int@nph.org for any of the nine countries

CONFIDENTIAL