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Connecting People and Cultures

Participant Health Clearance Form

Participant Name: Birth Date: MM/DD/YYYY

1. Do you follow a special diet or have any dietary restrictions?

☐ Yes ☐ No

2. Do you have any allergies? If Yes, please specify:

☐ Yes ☐ No

3. Are you taking any medications? (Prescription or over the counter) If YES, please specify:

☐ Yes ☐ No

4. Do you have any other health concerns or chronic illnesses/conditions we should be aware of? If Yes, please specify:

☐ Yes ☐ No

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Geschäftsführer: Martin Vogt | HR B 65238 Amtsgericht Charlottenburg | UMST ID: DE 189128751

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Emergency Contact Name:

Relation to Participant:

Emergency Contact Phone: ☐ Mobile ☐ Home

Emergency Email:

By signing this form, I certify that I am in good physical and mental health and can endure the rigors and stresses inherent in international travel and this Program. I also verify that this health profile is true and accurate.

Date: _____

Name: _____

Signature: _____ **<--- Click there to insert signature**

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