



**CISV International**  
Building global friendship

CISV International Ltd  
MEA House, Ellison Place  
Newcastle upon Tyne, NE1 8XS  
England

Company Registration: 3672838  
Charity Registration: 1073308  
Telephone: +44 7483 366 664  
E-mail: [International@cisv.org](mailto:International@cisv.org)  
CISV International Ltd

## Health Form

**Thank you for taking the time to complete this form honestly and in its entirety.**

### About the Health Form:

- Completing this form is a condition of participation in CISV International Programmes
- The information contained in the form will help CISV to plan for your welfare and will assist any medical practitioners in the event that you should require their care during travel or the programme. This form will be shared with Programme Staff, Leaders, Risk Managers (Local and National) and host families.
- The only official text for this form is the English Edition.
- Please be aware pre-existing medical conditions are not covered by the insurance policy, but it is very important to include this information, so we can adequately deal with any medical situations that may arise.

### Instructions on Completing the Health Form:

- Where possible, please complete this form in English. You will need to print part E and complete using black or blue ink. This form must be completed and signed no more than 3 months before participation in the CISV International Programme. You must notify CISV of any relevant changes to the information that may occur prior to the programme.
- Parts A, B, C, D and E are to be filled out by the adult (aged 18+) participant or by the parent/legal guardian of the child participant (up to a person's 18th birthday). It is also required that participants aged 16 and 17 review the form and sign it in Part E.
- If there are any special needs or allergies in Part B or medical, mental, emotional or social health concerns included in this form that CISV would need to know about to provide appropriate care, then please send that information to the programme staff in advance of the programme.
- Where a person has indicated that they have a medical condition that requires medical supervision and / or conditions that are dependent upon medication to maintain stability were if the medication were not to be taken, could have a traumatic impact on health (e.g., heart conditions, diabetes / insulin use for under 18s, mental health issues, epilepsy, auto-immune disorders, asthma, HIV), a doctor's note must be provided (See Appendix A).

### Information Handling & Storage:

- The information in this form is confidential and will be stored securely
- Even when using myCISV, you're advised to carry one paper copy of each form with you for safeguarding and in case of emergency, police/customs checks or any malicious events during travel. Please take the signed original of this form, plus any supporting documents to the programme.
- At the end of the programme, any paper copies will be returned to either the adult participant or child participant travelling alone. In the case of a delegation, the paper copies should be given to the Leader, who should then return them to the child's parent/ guardian on arrival.
- For information about how CISV uses the personal data you provide in this form, please read our Privacy Notice on [www.cisv.org](http://www.cisv.org). By providing your personal data to CISV, you agree to the terms of the Privacy Notice.

## PART A: PARTICIPANT INFORMATION

TO THE PARTICIPANT / PARENT / GUARDIAN: Please complete this form in its entirety and honestly.

(when data is missing in the below elds, please, check your prole and update accordingly)

### Participant's Name

Gender

Date of Birth

Citizenship

Host National Association and Chapter \*

Start date of the  
programme

End date of the  
programme

In case of emergency, please contact (name and Contact relationship)

Language(s) spoken by Emergency

Emergency Contact Number (home)

Emergency Contact Number (Office and/or Mobile)

Part B: CURRENT NEEDS AND MEDICATIONS

<b>D</b> Do you require a special diet?	<input type="radio"/> Yes <input type="radio"/> No	<i>if yes please specify</i> <div></div>
Are there any foods that you cannot or should not eat?	<input type="radio"/> Yes <input type="radio"/> No	<div></div>

Allergies

Do you have allergies to:

Food	<input type="radio"/> <input type="radio"/> Yes No	<i>if yes please specify</i> <div></div>
Bee stings or insect bites	<input type="radio"/> <input type="radio"/> Yes No	<div></div>
Medicines	<input type="radio"/> <input type="radio"/> Yes No	<div></div>
Others	<input type="radio"/> <input type="radio"/> Yes No	<div></div>

Do you have to carry an anaphylaxis- set with you ?*	<div><input type="radio"/></div> <div><input type="radio"/></div> <div>Yes</div> <div>No</div>	<div></div>
What medications can you be given for an allergic reaction?	<div></div>	

**\*If you need one, please remember to bring your anaphylaxis-set with you.**

Medications or other remedies

"Medication or other remedies" include any substance a person takes to maintain and/or improve his/her health and includes prescription medicine, over the counter medication, vitamins, homeopathic remedies, etc.

Do you take any medications?

\* Please include non-prescription medications or remedies to avoid any misunderstanding.

Note: You may need permission to have a particular drug in some countries. You should consider if it is necessary to obtain a note detailing why you are carrying medication. Please check if proof is required in the destination country and country of transit (if applicable).

Brand Name	Generic name	Reason for taking it (including if prescribed)	Dose, Schedule, Special Instructions

\* Please ensure sufficient supply for the trip’s duration.

Please bring any specific medical documentation (e.g. pathological findings in an electrocardiogram or x-ray) that would be helpful for a doctor in the host country to have, should you require treatment. Bringing it with you can help avoid unnecessary and expensive procedures. It is recommended that you discuss this with your regular physician.

Part C: HEALTH HISTORY

Do you have any psychological disorders or mental health issues? (e.g., ADHD, anxiety, bipolar, depression, eating disorder, OCD, personality disorder, schizophrenia, self-harm, substance abuse / dependancy).

☐ Yes

☐ No

if yes please specify

The participant has had a traumatic life event (e.g. the loss of a family member) that continues to affect the participant’s life in a way that could impact the CISV programme or their participation in CISV in any way?

☐ Yes

☐ No

If "yes", please attach written information about the event, its impact on the participant's life, and care tips for the staff at the programme

Do you consider yourself to have a disability or a serious health condition?

Please tick any that apply:

Autism Spectrum Disorder (including Asperger’s Syndrome)	Behavioural, Emotional and Social Difficulties	Hearing Impairment
Physical Impairment	Progressive Medical Condition (e.g., Cancer, Motor neurone, Heart Disease, Kidney Disease)	Visual Impairment
Chronic Medical Condition (e.g., Asthma, Auto Immune Disorder)	Mobility Issues / Support Requirements	Learning Difficulties (e.g., attention deficit disorder, dyscalculia, dyslexia)
Others (Please specify):		

**NOTE- IMPORTANT:** Where a person has indicated that they have a medical condition that requires medical supervision and / or conditions that are dependent upon medication to maintain stability where if medication were not to be taken, could have a traumatic impact on health (e.g., heart conditions, diabetes / insulin use for under 18s, mental health issues, epilepsy, auto-immune disorders, asthma, HIV), a doctor’s note must be provided.

**In case of hospitalization, participant’s medical records are available from:**

Physician/Hospital:	
Telephone Number:	
Address	

**Has the participant ever had any infectious diseases? Please tick any that apply:**

Measles (Rubeola)	Whooping cough (Pertussis)	Hepatitis (specify)	Mumps
Scarlet fever (Scarlatina)	Encephalitis	Rubella (German measles)	Rheumatic fever
Yellow fever	Chickenpox (Varicella)	Malaria	Staphylococcal infection
Streptococcal infection			

Others (Please specify):

**Please provide a brief history/explanation regarding above and whether they have left any lasting complications that CISV should be aware of:**

Immunizations:

Please provide information on immunisations received (incl. date of inoculation or most recent booster).

Note: DPT, Polio, Measles and Rubella vaccines are required for participation in any CISV International programme unless there is a documented medical exemption (see our Programme Basic Rules – InfoFile C-03). Note in some countries DPT is Diphtheria, Polio, Tetanus.

DPT(Diphtheria, Pertussis, Tetanus)	<input type="radio"/> Yes <input type="radio"/> No	
MMR(Measles, Mumps, Rubella)	<input type="radio"/> Yes <input type="radio"/> No	
Polio	<input type="radio"/> Yes <input type="radio"/> No	
Hepatitis-A	<input type="radio"/> Yes <input type="radio"/> No	
Hepatitis-B	<input type="radio"/> Yes <input type="radio"/> No	
Influenza	<input type="radio"/> Yes <input type="radio"/> No	
Tetanus	<input type="radio"/> Yes <input type="radio"/> No	
Rabies	<input type="radio"/> Yes <input type="radio"/> No	
Other, please specify: <div></div>		

Has the participant received all the necessary immunizations for travel to the host nation? ☐ Yes ☐ No

Immunization	Yes/No	Date
<div></div>	<input type="radio"/> Yes <input type="radio"/> No	<div></div>
<div></div>	<input type="radio"/> Yes <input type="radio"/> No	<div></div>



## COVID and COVID Vaccination:

	Yes/No	Date Vaccine received	Vaccine Brand (e.g. Pfizer, Johnson, Astra Zeneca, ...)
Has the participant had their first dose of Covid vaccine?	<input type="radio"/> Yes <input type="radio"/> No		
Has the participant had their second dose of Covid vaccine?	<input type="radio"/> Yes <input type="radio"/> No		
Has the participant had their booster dose of Covid vaccine?	<input type="radio"/> Yes <input type="radio"/> No		

If the participant has not had a 1st, 2nd, or 3rd COVID vaccination, please explain why:

Has the participant had Covid?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please specify date:	
--------------------------------	---	------------------------------	--

If yes, please specify any possible long covid symptoms / conditions. If none, please state NONE

### HEALTH PASSPORT:

Does the participant have a Health Passport (i.e. EU Digital COVID Certificate, COVID 19 Vaccine Passport (USA), Mobility Pass (Chile)?

☐ Yes  
☐ No

**Please Note 1: Sending and Hosting NAs must check that the brand is accepted in the destination country as a legitimate vaccine.**

**Please Note 2: People who have not been vaccinated but can provide a post-covid certificate can participate in the programme. However, the certificate must demonstrate the person had covid within a 6-month period before the programme end date.**

## Part D: Additional Information

Have we forgotten to ask something? Please use the box below to provide additional information about the participant's health or support needs, including any pre-existing conditions that you have not declared earlier in this form. This would be useful information if it has an impact on the participant's ability to fully participate in our programme. Attach additional

information, if needed.



Part E: CERTIFICATION

I certify that all responses made on this form are true, accurate and complete, and I will notify CISV International of any relevant changes that may occur prior to or during my International Programme.

I have included in this form, (and I will advise my CISV Chapter, my delegation Leader and the Programme Host Staff) of any special needs or assistance that I/the participant may have relating to my/the participant’s physical and mental health.

I am aware that if I do not provide complete information, this may have an impact and cause concern to others and may affect my/the participant’s own welfare.

I understand that if I do not provide complete information, CISV may decide to send me/the participant home from the programme at my/the participant’s own expense.

I consent to the release of medical information to CISV International or its agents so that they may provide me with needed assistance. I further agree that CISV International or its agents may release information to other persons who may need this information to assist me/the participant or to assist others in the programme.

I understand and agree that this form will be accessible to the Leaders, Programme Director, Sending and Hosting Local & National Risk Managers for such purposes.

In case of emergency or incident, this information may need to be shared with other relevant parties.

By signing this form, you are indicating that the information is accurate to the best of your knowledge, therefore please ensure that you liaise with any relevant parties which may include medical personnel, other family members, or local authorities in the case of fostered children. If it is found you have knowingly provided inaccurate information, you may be excluded from future activities in CISV.

Signature of Participant/Junior Counsellor (age 18+) / Adult Leader or Staff:.....

Date:.....

Signature of Parent/Guardian of Participant/Junior Counsellor under age 18:.....

Date:.....

(Continue to the next page for Appendix  
A)

## Appendix A: Doctor's Note. Use in the following instances:

1. Where a person has indicated that they have a medical condition that requires medical supervision and / or conditions that are dependent upon medication to maintain stability were if the medication were not to be taken, could have a traumatic impact on health (e.g., heart conditions, diabetes / insulin use for under 18s, mental health issues, epilepsy, auto-immune disorders, asthma, HIV), a doctor's note must be provided.
2. Where a person is medically exempt from needing the COVID vaccination.

<b>Doctor's Name</b>	
<b>Doctor's Address</b>	
<b>Doctor's Contact Details</b>	
<b>Medical Condition of Concern:</b>	
<b>Medication Used to Control The Medical Condition and Whether the Medication is SelfAdministered:</b>	
<b>Other Control Measures:</b>	
<b>Do you deem the patient to be well and fit enough to participate in the programme (which may include physical activity in humid, very hot or cold environments)? (If no, please provide further details)</b>	

Doctor Signature: .....

Date: .....