**FOURTH EXPEDITION TO LACHISH** **Medical Form**

Institute of Archaeology
Southern Adventist University

June 17 – July 31, 2015

*Purpose of Medical Form*

The medical form protects you and the sponsoring organizations in that it alerts those persons who may not be medically fit for the strenuous work and difficult living conditions on the dig to reconsider their application. The form also helps the administrators in case of a problem during the project. Many people are not aware of how ailments, which are minor in an urban setting, may become significant problems in an isolated area under stressful conditions. Therefore, we ask you, *for your own protection*, as well as for our assessment, to be completely candid in filling out this form and not to leave out anything that may be pertinent, even if you think it may jeopardize your application.

Name (first middle last): _____

Birth Date: _____ Occupation: _____

Name of medical/accident insurance plan: _____

Type of coverage: _____ Policy #: _____

Address of company: _____

| **Have you had any of the following?** | **NO** | **YES** | **Give details as to date, severity, any current problems or treatment.** |
|---|---|---|---|
| frequent eye infections | | | |
| glaucoma | | | |
| persistent ear infections | | | |
| loss of hearing | | | |
| diabetes | | | |
| typhoid Fever | | | |
| tuberculosis | | | |
| polio | | | |
| cancer or malignancy | | | |
| pneumonia or pleurisy | | | |
| asthma or wheezing | | | |
| severe skin disease | | | |
| goiter or thyroid disease | | | |
| collapsed lung | | | |
| shortness of breath during daily activities | | | |

| Have you had any of the following? | NO | YES | Give details as to date, severity, any current problems or treatment. |
|---|---|---|---|
| heart palpitations or arrhythmia | | | |
| pressure around the heart | | | |
| high blood pressure | | | |
| dysentery (bacterial, amoebic, parasitic) | | | |
| recurrent diarrhea or colitis | | | |
| yellow jaundice or hepatitis | | | |
| stomach or duodenal ulcer | | | |
| gastritis or recurrent heartburn | | | |
| kidney or bladder infections | | | |
| varicose veins or kidney stones | | | |
| back injury | | | |
| recurrent back pain | | | |
| painful joints (bursitis, arthritis) | | | |
| serious head injury | | | |
| hernia (rupture) | | | |
| fainting spells, dizziness, unconsciousness | | | |
| epilepsy, convulsive seizures | | | |
| nervous, emotional troubles | | | |
| anemia (low blood count) | | | |
| migraine or other headaches | | | |
| Persistent heart murmur | | | |

If you have ever consulted a physician for ***any*** reason in the past 18 months (even for colds or flu, etc.), please give dates, reason, and result:

_____

If you have *ever been* hospitalized for a major physical or mental illness, surgery or injury, please give year, reason, and result:

_____

Do you now or have you ever had any allergies or any allergic reactions to drugs, injections, or insect bites? Yes _____ No _____

Details: _____

Are you now taking (or have you taken within the last year) any medication or medical treatments, physiotherapy, etc.? Yes _____ No _____

If yes, for what? _____

Have you been in the past year or are you currently restricted by a physician in any physical activities? Yes _____ No _____

Details: _____

Have you been in recent contact with any serious infectious diseases (tuberculosis, hepatitis, etc.), i.e., family immediate friends or co-workers? Yes _____ No _____

Details: _____

Do you wear glasses? Yes _____ No _____
If so, do you need to wear them while you dig? Yes _____ No _____
Do you wear contact lenses? Yes _____ No _____

Are you color blind? Yes _____ No _____

(We recommend that you wear either glasses or protection goggles over your glasses/contact lenses while excavating due to the windy and dusty conditions at the site)

Have you have a tetanus booster within the last five years? **THIS IS A MUST!**

Yes _____ No _____ Date: _____

Participant Signature: _____ Date: _____

This is to certify that (participant's name) _____ has passed a physical exam and is deemed able to perform strenuous excavation work in an overseas environment according to my assessment of the patient**=**s current physical condition.

Signed (nurse or doctor): _____ Date: _____