

Kenya Educational Service Trips (KEST)

Form 6: Medical Examination

**Form to be completed by traveler's primary care physician*

Traveler Name: _____

To the Physician: The above named traveler will participate in a two- or four-week Kenya Educational Service Trip (KEST) from _____ to _____ 20____.

We will travel to some rural areas of the country. Please examine and provide with all the necessary medical history to assure the well being of the participant.

Please attach information or indicate in areas below:

1. List all immunizations and dates:

2. Medical history: Please list any significant medical history of which we should be familiar, including dates:

3. List any allergies presently suffered by the participant:

4. List any medications, dosage, frequency, etc., that participant presently takes:

5. Please explain any other medical conditions that we should be aware of:

6. If you have prescribed a malarial prophylaxis for this trip, please indicate name and frequency of dosage:

Physician Signature: To the best of my knowledge, the information about the participant is correct and complete. I have examined the participant and find him/her in good health and able to participate in a rigorous KEST program.

Physician name (please print)

Physician Signature

Date