

Medical Declaration Form

As part of Ripple Effect's Overseas Risk Assessment Policy, please complete the following:

Your Details

Full Name:

Address:

E-mail:

Phone:

Next of Kin

Name:

Address:

E-mail:

Phone:

Flights

- Outbound long-haul flight between UK and Kenya
- Two short internal flights in Kenya
- Inbound long-haul flight between Kenya and UK

Internal Travel

- Project visits can be tiring and arduous, with very full and active days. They often involve long car journeys on bumpy roads, walking on rough ground and sometimes going long periods of time with limited access to toilets. When visiting communities' toilets are likely to be pit latrines.
- Road travel to visit Ripple Effect farmers on rough terrain over multiple hours.

It is a prerequisite that all persons going on a Ripple Effect visit must be in possession of a current travel insurance policy.

I confirm this is in place:

Signed:

I have a medical condition for which I am receiving regular treatment e.g. heart condition, a recent injury or pregnancy which may be aggravated by travel or local conditions. In case of

any health emergency it may prove helpful to know of this condition for which you may be receiving treatment. If you supply this information, it will be treated as confidential.

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Please declare any medical medication you may be taking related to that condition

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Please confirm you have received all the appropriate vaccinations and advice from a medical profession related to travel to Kenya as advised by your GP / Travel Clinic.

YES/NO

Signature of Traveller

Signed..... Date.....

Name of GP Surgery/Travel Clinic (In case of Medical Emergency)

Name:

Address:

I confirm that I am fit to travel and to take part in the scheduled activities. I confirm that I have sought medical advice in advance of this trip, through either my GP surgery or travel centre, including undertaking relevant vaccinations.

I am fully aware of the risks involved and hazards connected to this activity, including but not limited to travel risks. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property.

Signed:.....

Date: