

**NSU-COM INTERNATIONAL MEDICAL OUTREACH PROGRAMS
2010-11**

APPLICATION CHECKLIST

1. Application form
2. Photocopy of your passport
3. Photocopy of insurance card, front and back of card (if you have insurance)
4. Copy of professional license (if applicable)
5. Signed Waiver of Liability Form

NOTE: IF ANY DOCUMENTS ARE MISSING OR IF THE APPLICATION FORM IS NOT COMPLETED IN ITS ENTIRETY, THE APPLICATION WILL NOT BE ACCEPTED. PLEASE EMAIL ALONG WITH THE APPLICATION A COLOR-SCANNED COPY OF YOUR PASSPORT, A COPY OF INSURANCE CARD (FRONT AND BACK) IF YOU HAVE INSURANCE, A COPY OF PROFESSIONAL LICENSE (IF APPLICABLE), AND SIGNED WAIVER OF LIABILITY FORM TO: rjacobs@nova.edu

Dr. Robin J. Jacobs

Nova Southeastern University
College of Osteopathic Medicine
Terry Building, Fourth Floor, Suite 1481
3200 S. University Drive
Fort Lauderdale, FL 33328

- If you recently married and changed your last name, do not write your married name on the application unless it matches the name on your passport. The name on your passport should always match your legal name. So if your name changes, you will need to get your passport reissued.
- The altitude questionnaire is not only for our knowledge, but also your health. The elevation of some of the areas we visit can be as high as 10,500 feet above sea level, and altitude sickness is a common occurrence when traveling, especially from Florida.
- Family members and friends are welcome to participate in the program. They will need to complete an application packet as well. Based on availability, volunteers will be ranked according to triage experience and/or host language fluency (if applicable).
- We suggest that each traveler have emergency medical insurance. In the event of an emergency, you will have the option to be evacuated out of country and back to the United States to receive your care. If you are currently covered under NSU's BCBS Insurance Plan, this coverage is included, and you simply need to provide a copy of the front and back of your insurance card on the same sheet of paper. If you do not carry NSU's insurance, this extra coverage can be purchased by a company that provides this coverage. One company used in the past by some of our participants is Medex, which can be contacted at <http://www.medexassist.com/>.
- We also recommend that you carry trip insurance. Some of the countries have internal conflicts, and programs have had to be cancelled at the last minute.
- The passport copy photograph must be clear. **Note that your passport must be valid for six months from the date you enter the host country.**
- The rooms will accommodate anywhere between two to six people. We will attempt to match your roommate choices; however, if that is not a possibility, we choose for you. If you do not feel comfortable sharing a bed, please indicate it on the application. Also, men and women will not be assigned to the same room, unless specifically requested. If you are traveling with a spouse/significant other and request a separate room for the two of you, please indicate that as well. There is often an extra fee for single room requests.

**INTERNATIONAL MEDICAL OUTREACH PROGRAMS 2010-2011
APPLICATION FORM**

Name (**exactly as indicated on passport**) _____

Email _____

Mailing Address _____

City _____ State _____ Zip _____

Cell Phone _____

Home Phone _____

Work Phone _____

Fax Number _____

Please indicate the best way to contact you (e.g., cell, home phone, email):

NSU ID # (NSU student/employee only): **N-**_____

You are:

- | | |
|--|---|
| <input type="checkbox"/> OMS I | <input type="checkbox"/> Non-Physician Faculty |
| <input type="checkbox"/> OMS II | <input type="checkbox"/> P.A. |
| <input type="checkbox"/> OMS III | <input type="checkbox"/> R.N. |
| <input type="checkbox"/> OMS IV | <input type="checkbox"/> Physician Faculty |
| <input type="checkbox"/> Student of Other Professions | <input type="checkbox"/> Intern/Resident/Fellow |
| <input type="checkbox"/> N.P. | <input type="checkbox"/> Staff |
| <input type="checkbox"/> Volunteer (e.g., translator, community service as needed) | |
| <input type="checkbox"/> Other (please describe) | |

**INTERNATIONAL MEDICAL OUTREACH PROGRAMS 2010-2011
APPLICATION FORM**

OUTREACH PROGRAM YOU ARE APPLYING FOR:

Bangladesh (December 2010)

Jamaica (December 2010)

Peru (December 2010)

Dominican Republic (March 2011)

Ecuador (March 2011)

Jamaica (June 2011)

ALL STUDENTS MUST COMPLETE THE FOLLOWING SECTION:

Are you in GOOD ACADEMIC STANDING?

Yes No N/A

NSU-COM POLICY: STUDENTS MAY NOT PARTICIPATE IF THEY HAVE FAILED ANY COURSES – INCLUDING MANDATORY ATTENDANCE COURSES. YOU MUST ALSO NOT BE ON A LEAVE OF ABSENCE OR IN A DISCIPLINARY PROCESS, SUCH AS PROBATION, ETC.

Are you a student bringing a licensed health professional(s)? (Preceptor must also submit an application.)

Yes No N/A

Which, if any, preceptor(s) have you recruited for this trip?

Name _____ Profession _____

Name _____ Profession _____

HEALTH CARE PROVIDERS ONLY:

License # _____

State _____

ID# for CE credit _____

Specialty:

Emergency Medicine

Family medicine

Geriatrics

Internal Medicine

OB/GYN

OPP

Pediatrics

Preventive medicine

Psychiatry

Rural Medicine

Surgery

Other (for physicians)

Other (for all health care professionals) Please specify:

**INTERNATIONAL MEDICAL OUTREACH PROGRAMS 2010-2011
APPLICATION FORM**

Do you want to lecture for the education component of the outreach program?

Yes No

Interest Topic #1 _____

Interest Topic #2 _____

Interest Topic #3 _____

Have you had any previous international medical outreach experience?

Yes No

If yes, where? _____

Non-Health Related Experience: (please describe)

Proficiency in languages other than English:

1. _____ beginner intermediate advanced

2. _____ beginner intermediate advanced

3. _____ beginner intermediate advanced

Could you serve as an interpreter if needed?

Yes No

If yes, for which language(s)

Dietary needs (e.g., vegan, lactose intolerant) – please specify:

EMERGENCY CONTACT INFORMATION:

Name _____

Relationship to You _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____

Home Address _____

Please indicate the best way to contact them (e.g., cell, home phone, email):

Fees: Fee includes ground transport from NSU to the airport, ground transportation, lodging, and meals. Payment will be held until we evaluate how many physicians and students are going to participate. You will be contacted to confirm your acceptance and attendance for the mission. Fees will be charged to account only after all participants are contacted. Further trip details and information will be distributed to participants once selected.

Medical Colleagues only: If you are planning on meeting the group in country via your own travel arrangements, the cost will be less.

ALTITUDE QUESTIONNAIRE

For some outreach programs, we will be setting up medical clinics in locations at an elevation that may exceed 10,500 feet, which means that you must be physically capable of working at a very high altitude. The trip to some of our sites can be difficult and may take several hours; the roads are rocky and extremely rough. In order to screen for medical capability of the outreach program participants, it is imperative that you complete this questionnaire honestly and completely.

NSU-COM reserves the right to eject any application that our outreach program leaders feel would be at health risk.

Please indicate yes or no to the following (Please explain all 'yes' responses in the comment box below):

1. Have you ever had altitude sickness?
 Yes
 No
2. Do you currently have any respiratory dysfunctions or illnesses?
 Yes
 No
3. Have you ever had pulmonary edema?
 Yes
 No
4. Have you ever had cerebral edema?
 Yes
 No
5. Do you have hypertension or cardiac disease?
 Yes
 No

6. Do you currently have anemia?

Yes

No

7. Do you currently take steroids?

Yes

No

8. Do you currently have asthma?

Yes

No

Comments:

ROOMMATE PREFERENCES

We will do our best to accommodate you.

Please check here if you would prefer not to share a bed.

Please check here if you have a spouse or significant other that you would prefer to room with. (Please note that there may be an additional cost.)

Name(s) of spouse, significant other, family member, etc.

1) _____ 4) _____

2) _____ 5) _____

3) _____ 6) _____

Single room request (Extra fees vary by outreach program.)

NSU-COM INTERNATIONAL MEDICAL OUTREACH RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISKS (the "Release") is executed by me, _____ whose address is _____ in favor of NOVA SOUTHEASTERN UNIVERSITY, INC., a Florida not for profit corporation (the "University"), whose address is 3301 College Avenue, Fort Lauderdale, Florida 33314.

1. PARTICIPATION IN THE TRIP. I desire to participate in a trip to _____ (state/country) scheduled to occur from _____ (beginning date) through _____ (ending date) for the primary purposes of travel (reason) (the "Trip"). I acknowledge that I am not required as part of academic program or otherwise to participate in the Trip.

2. WAIVER OF UNIVERSITY LIABILITY FOR DANGERS AND RISKS. I understand that there are certain dangers, hazards, and risks inherent in international travel and the activities to be engaged in during this Trip to _____ (state/country) which can cause personal injury, death and property damage. I further understand that the University cannot and does not assume responsibility for any such personal injury, death or property damage.

3. ASSUMPTION OF RISKS. Notwithstanding the dangers, hazards, and risks involved, and in consideration of being permitted to participate in the Trip:

- (i) I agree to assume all the risks surrounding my participation in the Trip and in the activities I undertake in connection therewith; and
- (ii) I release and forever discharge the University, its trustees, officers, agents, employees, and any students acting as employees (hereafter collectively call the "Releasees"), from any and all liability for any injury, damage, claim, demand, action, cost, and expense of any nature that I may at any time have or incur, arising out of or in any manner related to any loss, damage, injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, while in _____ (state or country) or in transit to and from _____ (state/country).

4. DISCLAIMER OF UNIVERSITY RESPONSIBILITY.

I understand and agree that the University is

- (i) not responsible or liable for any injury, damage, loss, accident or delay which may be caused by a defect in any vehicle or other mode of transportation, or the negligence or other wrongful act of any party engaged to provide services connected with the trip.
- (ii) not responsible or liable for any injury, damage, loss or expense due to sickness, weather, strikes, hostilities, wars, natural disasters, terrorism, or other such causes,
- (iii) not responsible or liable for disruption of travel arrangements, or any consequent additional expenses that me be incurred therefrom, and
- (iv) not responsible or liable for any loss, damage, or theft of my luggage or other personal belongings.

5. RESPONSIBILITY FOR MEDICAL NEEDS.

I represent to the University that I am aware of my personal medical needs and that there are no health-related reasons or problems which preclude or restrict my participation in the Trip. I acknowledge that the University has strongly recommended that I obtain insurance coverage valid in _____ (state/country) to protect against the cost of hospitalization and physician care in the event of sickness, accident, injury and disability. I understand that I am solely responsible for obtaining such insurance and that I will have a copy of such insurance on my person while traveling. I further understand and agree that

- (i) the University is not responsible for attending to any of my medical or medication needs,
- (ii) I assume all risks and responsibility for my medical and medication needs, and
- (iii) if I am required to be hospitalized at any time during the Trip, the University does not assume any legal responsibility for payment of such costs.

6. EMERGENCY MEDICAL TREATMENT.

I understand that the Releasees do not have medical personnel available at any time during the Trip. I grant the Releasees permission to authorize emergency medical treatment, including surgery, and I agree that such action by the Releasees shall be subject to the terms of this Release. I understand and agree that Releasees assume no liability or responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

7. LEGAL PROBLEMS.

I understand that if I have a legal problem in _____ (state/country) during the Trip, I will attend to the matter personally with my own funds and that the University is not responsible for providing any assistance to me under such circumstances.

8. BINDING NATURE OF RELEASE.

It is my express intent that this Release shall bind the members of my family (including my spouse, if any) if I am alive, and my heirs, personal representatives, successors, and assigns if I am deceased.

9. INDEMNIFICATION. I agree to indemnify, defend and hold the Releasees harmless from any liability, claim, action, debt, damage, loss, cost and expense of every kind or nature asserted by any party against any Releasees or incurred by any Releasee and arising directly or indirectly from or in connection with mu participation in the Trip or any of the activities I engage in during the Trip.

10. RESERVATION OF RIGHTS. I acknowledge that the University reserves the following rights that it may exercise in its sole discretion:

- (i) the right to cancel the Trip, and
- (ii) the right to make alterations, changes, and modifications in any part of the Trip itinerary and the activities in connection therewith.

11. PASSPORT, VISA AND VACCINATIONS.

I understand that I am responsible for obtaining my own passport, visa, and public health vaccinations.

12. COMPLIANCE WITH LAWS. I agree to comply with all laws of _____ (state/country) during the Trip.

13. DISCLOSURE. THE UNIVERSITY HAS INFORMED ME THAT BY SIGNING THIS DOCUMENT I RELEASE AND WAIVE CERTAIN LEGAL RIGHTS THAT I OTHERWISE MIGHT HAVE, AND THAT I SHOULD READ THE DOCUMENT CAREFULLY AND UNDERSTAND IT FULLY BEFORE SIGNING.

14. REPRESENTATIONS. I represent to the University that

- (i) I have read this Release and fully understand its contents and the effect of its terms and provisions,
- (ii) I sign the Release as my own free act and deed,
- (iii) with respect to the matters set forth in this Release, no oral representations, statements or inducements other than those expressly contained herein have been made to me by any of the Releasees, and
- (iv) I am over eighteen (18) years of age and fully competent to sign this Release, and
- (v) I execute this release for complete and adequate consideration, fully intending to be bound by the same.
- (vi)

15. GOVERNING LAW. I agree that this Release shall be constructed in accordance with the laws of the State of Florida.

16. PARTIAL INVALIDITY. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, then I agree that the validity of all remaining terms and provisions shall not be affected thereby.

IN WITNESS WHEREOF, I have executed this Release of Liability and Assumptions of Risks this day _____ of _____.

WITNESSES:

PARTICIPANT:

Signature

Signature

Printed Name

Printed Name

Signature

Printed Name

EXHIBIT "A"

Problems and hazards that participants can experience:

- 1) Poor quality food or drinking water;
- 2) Food poisoning and/or skin rashes;
- 3) Circumstances of travel via plane, or local automobile;
- 4) Pick pockets, or theft at hotel or elsewhere during trip;
- 5) Sexual harassment and unwarranted sexual advances;
- 6) Natural events, e.g. earthquakes, tropical storms, volcanic activity, etc.
- 7) High altitude nausea, nose bleeds, headaches;
- 8) Drug availability and severe police/legal penalties;
- 9) Possible political instability;
- 10) Kidnapping, torture and death;
- 11) Guerrilla warfare;
- 12) Drug cartel violence;
- 13) Terrorist activity of any kind;
- 14) And any other unforeseen circumstances that can cause problems, permanent damage or even death.