

McGill University
PANAMA FIELD STUDY SEMESTER
MEDICAL FORM

Visit the McGill Student Wellness Hub: <https://www.mcgill.ca/wellness-hub/>.

BRING THE COMPLETED QUESTIONNAIRE TO YOUR APPOINTMENT TO REVIEW WITH THE DOCTOR.

PART I – Student Medical History

Important: We stress the need for complete honesty and thoroughness in completing this form. Failure to disclose such information could result in serious risk to the applicant or his or her fellow students. The information on this form will be held in confidence by our Student Health Services. The doctor's information will only be transmitted to the PFSS Director or to medical personnel in Panama as necessary or on a need to know basis.

NAME: _____

BIRTHDATE: _____

Answer the following questions. Expand on any YES answers in the space provided on page 3.

	YES	NO
1. Do you have any medical problems for which you are currently being treated?	<input type="radio"/>	<input type="radio"/>
2. Does your health limit, restrict, or prevent you from doing any physical activities?	<input type="radio"/>	<input type="radio"/>
3. Are you taking any regular prescription or over the counter medications? (list name, dose and reason at the end of the questionnaire)	<input type="radio"/>	<input type="radio"/>
4. Have you had any serious childhood diseases?	<input type="radio"/>	<input type="radio"/>
5. Have you had any surgery or hospitalizations? (list at the end of the questionnaire)	<input type="radio"/>	<input type="radio"/>

NAME _____

	YES	NO
6. Do you have any allergies?		
Medications	<input type="radio"/>	<input type="radio"/>
Food	<input type="radio"/>	<input type="radio"/>
Insect bites	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>
7. Do you smoke? (if yes, how much)	<input type="radio"/>	<input type="radio"/>
8. Do you drink alcohol? (if yes, how much)	<input type="radio"/>	<input type="radio"/>
9. Do you have a history of substance abuse or dependency?	<input type="radio"/>	<input type="radio"/>
10. Do you have impairments of vision or hearing?	<input type="radio"/>	<input type="radio"/>
11. Do you suffer from motion sickness?	<input type="radio"/>	<input type="radio"/>
12. Are you under treatment for high blood pressure?	<input type="radio"/>	<input type="radio"/>
13. Do you have a heart murmur, irregular heartbeat or chest pain with exertion?	<input type="radio"/>	<input type="radio"/>
14. Do you have asthma?	<input type="radio"/>	<input type="radio"/>
(if yes, explain at the bottom of this page)		
15. Do you have stomach problems? (ulcer, heartburn, colitis)?	<input type="radio"/>	<input type="radio"/>
16. Do you have or have you been treated for anorexia or bulimia?	<input type="radio"/>	<input type="radio"/>
17. Have you had hepatitis or jaundice?	<input type="radio"/>	<input type="radio"/>
18. Do you have frequent bladder infections, enuresis or kidney problems?	<input type="radio"/>	<input type="radio"/>
19. Have you ever had a seizure or epilepsy?	<input type="radio"/>	<input type="radio"/>
(if yes, explain at the bottom of this page)		
20. Do you experience severe headaches?	<input type="radio"/>	<input type="radio"/>
21. Have you experienced frequent dizziness or fainting?	<input type="radio"/>	<input type="radio"/>

NAME _____ YES NO

22. Do you have any endocrine problems? (Diabetes, Thyroid) YES NO

23. Do you have any problems with your joints or back? YES NO

24. Do you have any chronic skin problems? YES NO

25. Do you have disabling menstrual or premenstrual problems? YES NO

26. Do you have any communicable diseases? YES NO

27. In the last two years have you been under the treatment of a psychiatrist, psychologist or therapist or been taking any medications for depression, anxiety or other psychiatric problems? YES NO

Expand on any “yes” answers here. If you take or require special medication, please indicate that here.

Indicate any other conditions that may have a bearing on your health or ability to be cared for in areas distant from medical facilities or to participate in the PFSS.

Return all the forms to: Faculty of Science, Burnside Hall room 720
Or via email: ifso.science.science@mcgill.ca

I have read the description of the PFSS, and I understand that the program involves at times physically and mentally strenuous activities in a remote area, possibly far removed from urban medical facilities.

The information provided above is a complete and accurate statement of the physical and psychological factors of my health which may affect my participation in the PFSS. I realize that failure to disclose such information could result in serious harm to me or fellow participants and agree to indemnify and hold the PFSS harmless if all relevant information is not disclosed.

Applicant's signature

Date

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PART II – Physician section

To the physician: This form is for your information only. Your evaluation of the applicant is intended to help us in candidate selection and to be prepared to deal with health issues while we are in the field.

Background Information

The Panama Field Study Semester is a McGill University program offered in cooperation with the Smithsonian Tropical Research Institute (STRI) in Panama. It will consist of 25 students, six faculty members and numerous support staff. Upon arrival in Panama at the beginning of January, there is a 1- or 2-day period of transition followed by 13 weeks of course attendance in Panama, including a required internship component. Field trips will be integrated into each of the courses offered, with students working out of a residence-style home base.

The climate in Panama is tropical with extended periods of sun with little or no rain. The region's normal daily temperature is approximately 30 degrees Celsius (86 Fahrenheit), and it varies little throughout the year. One can expect higher daytime temperatures during the dry season (December to April), although the evenings can become less warm.

The program is based in Panama City, where modern medical facilities are available. Field trips will however take program participants far from these facilities during excursions of up to one week. Students will be briefed in terms of health risks in the area. The standard immunizations required for the PFSS are as follows: tetanus, polio, diphtheria, typhoid, hepatitis A and hepatitis B.

Students must be healthy in order to participate in this program. Participants should not require regular medical attention that is not readily available in the field. Participants requiring regular medications should carry these as well as reserve medication. Participants will occasionally have strenuous travel days. They will face cultural differences. There is also the emotional stress of working and living as part of a group for an extended period of time. All students will be required to carry medical health insurance, including Extended Medical Travel Insurance which includes coverage for medical evacuation.

Please review the medical history portion of this form with the student and supplement it as necessary. Please complete a physical examination as warranted based on the history or your knowledge of the student and complete the form below. Please collect and append any specialist reports or relevant lab tests to this form for your records. Any serious concerns you may have about any of our participants should be reported in confidence to our Program Director, Professor Catherine Potvin (514-398-3730). This questionnaire will be appended to the patient's chart in Student Health Services and may be consulted to provide necessary information to a health care provider during the PFSS.

PHYSICIAN'S ASSESSMENT FORM

APPLICANT'S NAME: _____

Summary of Physician's assessment:

I certify that I have reviewed the medical history of _____ and examined
_____ on _____ (date) and found him/her to
be physically and mentally fit to participate in the Panama Field Study Semester 2018.

Physician's Name (print clearly)

Physician's Signature

Physician's Address

Physician's Phone Number

PART III – Immunizations

NAME: _____

Please list the dates of any immunizations you have had or plan to have in preparation for this trip.

TETANUS/POLIO/DIPHTHERIA _____

HEPATITIS A _____

HEPATITIS B _____

TYPHOID FEVER _____

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