



Virginia Hospital Center
MEDICAL BRIGADE

Pre-Trip Profile (PTP)

Rev 2/16/18

Please complete this form and return it with the requested documentation (by email to ria.gozon@vhcmedicalbrigade.org) and your check (by mail) by Monday **June 25, 2018**. Your check for \$575 should be made payable to **VHC Medical Brigade** and mailed to:

Barry Byer, MD
115 Gresham Place
Falls Church, VA 22046

I. Demographics:

Brigade Member		Emergency Contact Information
Name:		Relationship:
Address:		
City/ZIP:		
Home / Cell #:	/	/
Email:		
Date of Birth:		
Employer:		
Occupation:		
Speak Spanish?	Yes ----- No	

Name <u>as you prefer</u> on your name tag:	
Name <u>as it appears</u> on your passport:	

II. Copies of documents required from health care personnel (unless already on file):

- Licenses (MD, RN, ORT, CST, EMT, etc.). Expiration date must be after 11/10/18.
- Medical School Diploma – only from “new” Brigade MDs (not MD alumni)

III. Health Status & Insurance Coverage:

Company Name:	Phone:
Policy/Group Number:	ID Number:
Food-Allergies/preferences:	Health status: excellent - good - fair - poor (circle one)
Allergies to medications (and severity):	
Medications:	
Serious health conditions:	
The undersigned Volunteer certifies that the health information provided is true and correct to the best of Volunteer’s knowledge, and he or she is sufficiently fit to handle the rigors of participating in a medical Brigade project. Any changes or updates to the information provided on this form will be provided by the Volunteer prior to travel.	

IV. Note: US State Department Registration (Everyone will be registered again this year)

V. Signature _____ Date _____