

**JASY VOLUNTEER**  
**MEDICAL INFORMATION AND AUTHORIZATION / RELEASE**

Name of Volunteer: \_\_\_\_\_

Emergency Contact (In case of emergency, please contact:

Medical Insurance: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

Medications Needed:    Name: \_\_\_\_\_    Name: \_\_\_\_\_    Name: \_\_\_\_\_  
   For: \_\_\_\_\_    For: \_\_\_\_\_    For: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_    Dietary Restrictions: \_\_\_\_\_

Have you had any of the following conditions during the past three years? Please mark all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Alcohol/Drug Addiction                  | <input type="checkbox"/> Hypoglycemia  |
| <input type="checkbox"/> Allergies- Please specify below.        | <input type="checkbox"/> Jaundice/hepatitis  |
| <input type="checkbox"/> Asthma                                  | <input type="checkbox"/> Liver or gall bladder problems  |
| <input type="checkbox"/> Cancer                                  | <input type="checkbox"/> Major injuries that required hospital/ER attention.<br>(If so, please specify below.) |
| <input type="checkbox"/> Chronic Respiratory Problems            | <input type="checkbox"/> Menstrual problems  |
| <input type="checkbox"/> Chronic digestive/GI Problems           | <input type="checkbox"/> Narcotic/alcohol dependency   |
| <input type="checkbox"/> Colitis                                 | <input type="checkbox"/> Psychological/psychiatric conditions  |
| <input type="checkbox"/> Diabetes                                | <input type="checkbox"/> Skin Disease  |
| <input type="checkbox"/> Dizziness/fainting spells               | <input type="checkbox"/> Surgery   |
| <input type="checkbox"/> Eating disorder                         | <input type="checkbox"/> Reaction to antibiotics. (Please specify below.)                                      |
| <input type="checkbox"/> Epilepsy/Seizure Disorder               | <input type="checkbox"/> Thyroid Condition   |
| <input type="checkbox"/> Frequent indigestion or ulcer           | <input type="checkbox"/> Tuberculosis  |
| <input type="checkbox"/> Heart Disease/circulatory complications | <input type="checkbox"/> Venereal Disease  |
| <input type="checkbox"/> Head Injury                             | <input type="checkbox"/> Other   |
| <input type="checkbox"/> High blood pressure                     |  |
| <input type="checkbox"/> Treatment at a hospital                 |  |

If you marked any items above, please provide specific information/details below, including any required treatments, medications and the status of the condition.

I am eighteen years of age or over/the parent or legal guardian of the above-named volunteer. I hereby grant permission to JASY Leaders, Volunteer Coordinator and Chaperones to authorize medical treatment for the above-named volunteer, as they deem appropriate, during the Program. I agree that I will be responsible for the costs of medical treatments received.

I hereby consent to the release of medical information to JASY Trip Leaders, Volunteer Coordinators, Chaperones and Medical personnel necessary to make treatment decisions about, or to provide appropriate care to, the above named volunteer. Such consent shall be effective during the Program (scheduled for \_\_\_\_\_ and continue through any extensions of my stay in Jamaica.

In signing this document, I confirm that the volunteer is in good health and in proper physical condition to participate in the JASY Program. I further verify that all of the medical and psychological information I provided is accurate and complete, and I will notify the JASY Volunteer Coordinator of any relevant changes to my health that occur prior to the start of the Program.

Date: \_\_\_\_\_ Volunteer Signature

(if volunteer is under 18 years of age complete following) Parent / Guardian Name

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

See CDC recommendations for travelers to Jamaica. <http://wwwnc.cdc.gov/travel/destinations/traveler/none/jamaica>



<b>All travelers</b>		
You should be up to date on routine vaccinations while traveling to any destination. Some vaccines may also be required for travel.		
<a href="#">Routine vaccines</a>	Make sure you are up-to-date on routine vaccines before every trip. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot.	
<b>Most travelers</b>		
Get travel vaccines and medicines because there is a risk of these diseases in the country you are visiting.		
<a href="#">Hepatitis A</a>	CDC recommends this vaccine because you can get hepatitis A through contaminated food or water in Jamaica, regardless of where you are eating or staying.	
<a href="#">Typhoid</a>	You can get typhoid through contaminated food or water in Jamaica. CDC recommends this vaccine for most travelers, especially if you are staying with friends or relatives, visiting smaller cities or rural areas, or if you are an adventurous eater.	

Travel Health Notices Hide

Be aware of current health issues in Jamaica. Learn how to protect yourself.

**Alert Level 2, Practice Enhanced Precautions**

**Updated** [Zika Virus in the Caribbean](#)

February 29, 2016

In December 2015, the first local transmission of Zika virus infection (Zika) was reported in the Caribbean. Local transmission means that mosquitoes in the area have been infected with Zika virus, spreading it to people.

**Watch Level 1, Practice Usual Precautions**

[Chikungunya in the Caribbean](#)

May 14, 2015

In December 2013, the World Health Organization (WHO) reported cases of chikungunya in Saint Martin. Additional cases were reported in other islands in the Caribbean. This is the first time that local transmission of chikungunya has been reported in the Americas. CDC recommends that travelers to the Caribbean protect themselves from mosquito bites.

**Eat and drink safely**

Unclean food and water can cause travelers' diarrhea and other diseases. Reduce your risk by following these guidelines:

**Eat**

- Food that is cooked and served hot
- Hard-cooked eggs
- Fruits and vegetables you have washed in clean water or peeled yourself
- Pasteurized dairy products

**Don't Eat**

- Food served at room temperature
- Food from street vendors
- Raw or soft-cooked (runny) eggs
- Raw or undercooked (rare) meat or fish
- Unwashed or unpeeled raw fruits and vegetables
- Unpasteurized dairy products
- "Bushmeat" (monkeys, bats, or other wild game)

**Prevent bug bites**

Bugs (like mosquitoes, ticks, and fleas) can spread a number of diseases in Jamaica. Many of these diseases cannot be prevented with a vaccine or medicine. You can reduce your risk by taking steps to prevent bug bites.

What can I do to prevent bug bites?

- Cover exposed skin by wearing long-sleeved shirts, long pants, and hats.
- Use an appropriate insect repellent (see below).
- Use permethrin-treated clothing and gear (such as boots, pants, socks, and tents). Do **not** use permethrin directly on skin.
- Stay and sleep in air-conditioned or screened rooms.
- Use a bed net if the area where you are sleeping is exposed to the outdoors.

What type of insect repellent should I use?

- **FOR PROTECTION AGAINST TICKS AND MOSQUITOES:** Use a repellent that contains 20% or more DEET for protection that lasts up to several hours.
- **FOR PROTECTION AGAINST MOSQUITOES ONLY:** Products with one of the following active ingredients can also help prevent mosquito bites. Higher percentages of active ingredient provide longer protection.
  - [DEET](#)®
  - [Picaridin](#) (also known as KBR 3023, Bayrepel, and icaridin)
  - [Oil of lemon eucalyptus \(OLE\)](#) or [PMD](#)
  - [IR3535](#)
- Always use insect repellent as directed.

What should I do if I am bitten by bugs?

- Avoid scratching bug bites, and apply hydrocortisone cream or calamine lotion to reduce the itching.
- Check your entire body for ticks after outdoor activity. Be sure to [remove ticks](#) properly.

**Drink**

- Bottled water that is sealed
- Water that has been disinfected
- Ice made with bottled or disinfected water
- Carbonated drinks
- Hot coffee or tea
- Pasteurized milk

**Don't Drink**

- Tap or well water
- Ice made with tap or well water
- Drinks made with tap or well water (such as reconstituted juice)
- Unpasteurized milk

**If your travel plans in Jamaica include outdoor activities, take these steps to stay safe and healthy during your trip.**

- Stay alert to changing weather conditions and adjust your plans if conditions become unsafe.
- Prepare for activities by wearing the right clothes and packing protective items, such as bug spray, sunscreen, and a basic first aid kit.
- Consider learning basic first aid and CPR before travel. Bring a [travel health kit](#) with items appropriate for your activities.
- Heat-related illness, such as heat stroke, can be deadly. Eat and drink regularly, wear loose and lightweight clothing, and limit physical activity during high temperatures.
  - If you are outside for many hours in heat, eat salty snacks and drink water to stay hydrated and replace salt lost through sweating.
- [Protect yourself from UV radiation:](#) use sunscreen with an SPF of at least 15, wear protective clothing, and seek shade during the hottest time of day (10 a.m.–4 p.m.).
- Be especially careful during summer months and at high elevation. Because sunlight reflects off snow, sand, and water, sun exposure may be increased during activities like skiing, swimming, and sailing.