



STIMMA short term international medical missions abroad
everybody can make a difference

STIMMA Application Form Participation in Future Clinics

Section 1 – Personal Information

Name: Please ensure the name you supply on this application form in the same name and spelling that appears or will appear on your passport. If you have a preferred name which is different than the name on your passport please make note of this on the application form in the space provided.

Passport Number: If you do not have a passport please leave blank and forward the information as soon as one is obtained. A passport is mandatory for all clinic destinations outside of Canada. Many countries require a 6 month expiry date from date of entry. Please note all costs incurred in the application process are the responsibility of the participant.

Email Address and Mailing Address: Communication will primarily be via email. Please provide us with a valid email address to ensure you are updated in a timely fashion. Mailing address will be used only for distribution of tickets if necessary.

Emergency Contact Info: Please provide full name, phone number and email of the person you would like us to contact in case of emergency.

Section 2 – Activity

Please note – no previous experience is necessary. Please include if you would like to participate in the medical clinic (doctor, nurse, pharmacist etc), registration, translator or facilitating health education classes.

Section 3 – Medical Information

Medical Conditions: Please indicate all medical conditions. Note, all medical information will remain confidential and will only be reviewed in case of medical emergency.

Medication: Please list all prescription medications. Include name, dose and frequency. Note, all medical information will remain confidential and will only be reviewed in case of medical emergency.

Immunizations: It is recommended that you visit your family physician or Travel Clinic at least 6 weeks before travel to ensure all your immunizations are up to date. Also, please ensure malaria prophylaxis is also obtained prior to entering designated area if applicable. Note, all immunizations costs are the responsibility of the participant.

Section 4 – Participant Agreement

Please read, date and sign the form.

Section 5 – Payment

Fees: Prices for participation in a STIMMA venture varies upon location. Please contact a STIMMA representative for more information. Trip fees typically include flight, accommodation, most meals and travel in destination areas.



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APPLICATION FORM: STIMMA

SECTION 1 – PERSONAL INFORMATION

NAME: _____

Preferred Name: _____

PASSPORT NUMBER: _____

Issue Date: _____

Location: _____

Expiry Date: _____

EMAIL ADDRESS: _____

MAILING ADDRESS:

Street: _____

City: _____

Province: _____

Postal Code: _____

EMERGENCY CONTACT INFO

Name: _____

Email: _____

Phone: _____



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SECTION 2 – ACTIVITY

Have you participated in a trip before? Yes No

If yes, please provide description (date, location, responsibility).

I am interested in participating in... *(place x)*

- Medical Clinic: _____ (Profession)
- Registration
- Health Education Classes
- Translator: _____ (Language)

OTHER – Please provide a description of the service you would like to offer. No experience is necessary to participate in trips.



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SECTION 3 – MEDICAL INFORMATION

MEDICAL CONDITIONS – Please list in the space provided

MEDICATION – List in the space provided (name, dose, frequency)

ALLERGIES

IMMUNIZATIONS... *(place x)*

- TD (Tetanus/Diphtheria)
- MMR (Measles/Mumps/Rubella)
- IPV (Polio)
- Varicella
- Hepatitis A
- Hepatitis B

Other: _____

If your immunizations are not up to date by the time of the trip please sign below: i release STIMMA from any lawsuit or liability claim that may result from not being immunized.

Signature

Date



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SECTION 4 – PARTICIPANT AGREEMENT

- I will not leave the clinic site or accommodations unaccompanied or without notifying a Team Leader
- I will not be found in possession of or use illegal drugs
- I will respect all team participants
- I will not hold STIMMA responsible for any theft or loss of personal belongings during the trip
- I will not hold STIMMA responsible for any injury incurred during the trip
- I understand that during a STIMMA trip video and or photographs may be taken during Clinic Days. These videos and photos may be used for promotional purposes either on the website or for presentations

I agree that all the information provided in this application form is correct. I have read and understood the conditions listed above.

Signature

Date

Printed Name



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SECTION 5 – PAYMENT

Make all cheques or money orders payable to STIMMA.

If paying for flight portion of trip with VISA or Mastercard (circle one)

Name on Card _____	Amount _____
Card Number _____	Expiry _____
Signature _____	Date _____

Also include a photocopy of driver's licence and credit card. Mail completed form to STIMMA, 805 Munich Circle, Waterloo, ON N2V 2N5.

Product Donation List:

For Adults and Children – please note all products must be within good date (6 month expiry minimum).

Medication:

- Tylenol
- Advil
- Cough/Cold formula
- Multivitamins
- Worm Treatment
- Antacids

First Aid Supplies:

- BandAids
- Antibiotic Cr
- Antiseptics

Miscellaneous:

- Reading glasses
- Toothbrushes
- Flip flops
- Eye drops – lubricating
- Tubs of Vaseline
- Hats
- Toys for kids