

Declaration of Health

The below declaration is to be completed by qualified physician.

Section 1 — Please help us ensure the protection and health of our precious gorilla population in the Congo Basin as primates are especially susceptible to the below human diseases and contagions.

Patient Details:

Full Name _____ Date of Birth _____
Surname _____ Start of Travel Date _____
Address _____

Physitian/Doctor's Details:

Full Name _____ Contact Number _____
Surname _____ Email Address _____
Practice or Hospital Address _____

TB/Tuberculosis Screening

Any symptoms present as stated in Section 3:

Yes No

If YES, please advise patient to return in two weeks.
If on return patient is still showing any symptoms
as stated, they will need to determine TB Status
through chest x-ray.

Please confirm this information below if chest x-ray
was done (attach a copy of x-ray with letter):

Date & Time _____
Hospital Address _____
Postcode _____

Measles (MMR-11) Vaccination

Has the patient had measles? Yes No

Has a patient had a measles vaccination? Yes No

Age/Date when patient had measles/vaccination _____

Polio (IPV) Vaccination

Has the patient had either the IPV or OPV vaccinations? Yes No

If there is no certificate present, please indicate age or year given _____
(Please provide certificates if possible.)

Section 2 — Please help us to ensure the experience at the camps of Congo Conservation Company is enjoyable, activities appropriate and staff aware of any health considerations.

Physical Health & Fitness

Does the patient have any pre-existing physical restrictions or ailments? Yes No

If YES, please be specific
(e.g. joint replacements, back or neck problems, disability): _____

Has the patient suffered previously from any heart problems? Yes No

Does the patient have any allergies? Yes No

If YES, please be specific (we recommend patients take antihistamines with them on their journey in case of allergic reactions to insect bites.) _____

Does the patient suffer from asthma? Yes No

Is the patient of reasonable fitness and can comfortably walk 8km? Yes No

Does the patient feel comfortable in heat and humidity? Yes No

Patient weight for charter flight fuel estimates
(anonymously disclosed to pilots) kg

Declaration

I, Physician/Doctor _____ of Patient _____

Acknowledge that I have completed this form to the best of my knowledge and can confirm that the patient mentioned above is in good health and carries no signs/symptoms of Tuberculosis and/or symptoms of Polio and Measles.

Date _____ Physician/Doctor's Signature _____

Practive or Hospital Stamp

Tuberculosis

Description and what to look for:

- The bacteria that cause TB are spread through the air when an infected person coughs or sneezes. Most people infected with the bacteria that cause tuberculosis don't have symptoms.
- Treatment isn't always required for those without symptoms. Patients with active symptoms will require a long course of treatment involving multiple antibiotics.

Signs and symptoms that would not indicate a TB free status:

- Pain areas: chest
- Pain circumstances: can occur while breathing
- Cough: can be chronic or with blood
- Whole body: chills, fatigue, fever, loss of appetite, malaise, night sweats, or sweating
- Also common: loss of muscle, phlegm, severe unintentional weight loss, shortness of breath, or swollen lymph nodes

How to examine your patient for tuberculosis screening:

- Determine if signs and symptoms point to pulmonary or extrapulmonary TB
- Obtain a medical and social history
- A general physical examination with additional care to detect signs of Tuberculosis
- If the patient is suffering from coughing advise them to return for the screening 2 weeks from first visit

Vaccinations

Polio (IPV) vaccinations:

There are two types of vaccine that protect against polio: inactivated poliovirus vaccine (IPV) and oral poliovirus vaccine (OPV). IPV is given as an injection in the leg or arm, depending on the patient's age. Polio vaccine may be given at the same time as other vaccines.

Measles (MMR-11) vaccinations:

Measles is seldom given as an individual vaccine and is often given in combination with mumps and rubella. Two types of measles vaccines are currently available. Measles mumps rubella vaccine (MMR-11); MMR vaccine is a live attenuated viral vaccine used to induce immunity against measles, mumps and rubella. Some adults should also get MMR vaccine: Generally, anyone 18 years of age or older who was born after 1956 should get at least one dose of MMR vaccine, unless they can show that they have either been vaccinated or had all three diseases. MMR vaccine may be given at the same time as other vaccines.