

Afrika Sisi Nyumbani Limited | Medical Declaration Form

Program: Nyumbani Academy – Africa Reconnect Program

Location(s): Tanzania Mainland & Zanzibar

Participant Name: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Other

Email: _____

Phone Number: _____

EMERGENCY CONTACT DETAILS

Name: _____

Relationship: _____

Phone Number (with country code): _____

Email: _____

MEDICAL HISTORY

Please answer the following questions truthfully to ensure your health, safety, and comfort during the program.

1. Do you have any of the following conditions? (Check all that apply):

- ☐ Asthma
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart Conditions
- ☐ Allergies (food, insect, medication, etc.)
- ☐ Hypertension
- ☐ Mobility Issues
- ☐ Mental Health Conditions
- ☐ Other: _____
- ☐ None of the above

2. Do you have any dietary restrictions or food allergies?

- ☐ Yes → Please specify: _____
- ☐ No

3. Are you currently taking any medication?

- ☐ Yes → List medication(s): _____
- ☐ No

4. Have you had any recent surgeries or hospitalizations?

- ☐ Yes → Please explain: _____
- ☐ No

5. Are you physically fit and capable of participating in outdoor activities, travel, walking tours, and moderate physical exertion?

- ☐ Yes
- ☐ No → Please explain: _____

IMMUNIZATION & TRAVEL HEALTH

Please confirm the following:

6. Are your vaccinations up to date (including Yellow Fever and COVID-19)?

- ☐ Yes
- ☐ No → Please explain: _____

7. Do you have travel insurance covering health and emergency evacuation?

- ☐ Yes
- ☐ No (strongly recommended)

MEDICAL TREATMENT CONSENT

In the event of a medical emergency and if I am unable to provide informed consent, I authorize the program coordinators of Afrika Sisi Nyumbani Ltd to arrange emergency medical treatment and transport, as deemed necessary by medical professionals.

☒ I understand that all costs related to medical care, hospital services, or evacuation are my sole responsibility unless otherwise covered by insurance.

Participant Signature: _____

Date: _____

Notes for Staff Use (Confidential):
