



NATIONAL BAR ASSOCIATION 2007 INTERNATIONAL AFFILIATES MEETING IN SOUTH AFRICA: HEALTH FORM



Travel to new places is always stressful on your body, and travel to developing countries can be especially taxing. Health care may not be easily accessible in areas we are visiting. For all these reasons it is important that you consider carefully the state of your health and make sure you carry with you medication you may need and that you update your immunizations before leaving.

If you are disabled and/or require specific medical assistance or the assistance of an aid, please make arrangements to have your assistant along with you on the trip or consult with the tour company to make special arrangements. Special arrangements may require additional fees. Tour guides and other guest are not obligated to offer assistance.

Please answer the following questions keeping in mind that they are designed to give us information we will need if you require healthcare. We recommend a health check-up both before and after your trip.

Do you have health insurance? yes no

Name of health insurance carrier _____

Policy Number _____

2. Please indicate any aspect of your health which may affect you during this trip (back pain, diabetes, allergies, epilepsy, etc.) Explain what medications and treatment are necessary and describe any allergic reactions or other side effects to medication.

3. Do you have any special dietary needs? If so, specify.

I have answered the above questions to the best of my knowledge and have not withheld any relevant information.

Signature _____

Date _____

MAIL OR FAX THIS COMPLETED FORM TO:

**National Bar Association
1225 11th Street, NW
Washington, DC 20001
Fax: 202-289-6170**