

MEDICAL PROFESSIONAL INFORMATION SHEET

Name: _____

Medical Profession: _____

Email: _____

Address: _____

Telephone#: _____



1) For which Brigade are you applying?

January 2010 May 2010

2) Do you have International Health Insurance? Yes No

3) What is your Spanish speaking level?

Fluent Some Little None

4) Do you have any international medical experience?

5) What is your interest in joining Global Medical Brigades?

6) Do you have any special medical or dietary needs that we should be aware of?

7) Please List an Emergency Contact (Name, Relation, Address, Phone, Email)