FOCOS Application Form

Thank you for your interest in volunteering with FOCOS in Ghana, West Africa. We appreciate your willingness to participate in an upcoming mission trip. The FOCOS mission is to improve the quality of life of patients in need throughout Africa and other parts of the world by providing optimum orthopedic care. As such, emphasis and priority will be given to **qualified medical professionals.** For **non-medical professionals** who would like to volunteer their time, please submit a statement describing your special interest and how you can contribute to FOCOS. Along with the application, please submit two letters of reference and all of the documents on the checklist below. The Physical Evaluation Summary Sheet (page 9) should be completed by a physician and signed and dated appropriately.

The entire package can be emailed to: osheac@hss.edu or interoffice mailed to Colleen O'Shea, MPA, Manager, Alumni Affairs, Education & Academic Affairs, 535 East 70th Street, New York, NY 10021.

CHECK LIST- Before you mail your application please ensure you have all the required documents.

- Completed application
- Resume signed and dated
- Copy of certified education certificates and diplomas
- Copy of information page of passport and birth certificate
- A valid medical or professional license to practice
- Two letters of reference on official letter-head
- Two passport pictures (For doctors or surgeons only)
- Three passport pictures (For nurses only)

Before applying please read the following information: Applicants must be least 18 years old and in good health. All volunteers are expected to pay for their own flights to Ghana plus any additional costs connected to the trip (i.e. Visa and vaccination costs). Volunteers will be responsible for providing their own travel and health insurance. If you do not have sufficient coverage, a basic plan can be purchased through Med-jet insurance (http://www.medjetassist.com/). Volunteers will be responsible for ensuring they receive the appropriate vaccinations for visiting Ghana prior to their trip. Yellow fever and Hepatitis B are required for all volunteers serving in West Africa and must be obtained before arriving. You will be required to provide documentation of vaccinations to customs upon arrival in Ghana. Volunteers can apply for one week up to a year and work in clinics or the operating rooms during mission trips at the FOCOS Hospital.

Once we receive your application, the FOCOS Medical Advisory Committee will review your application and supporting documents. If accepted, detailed information upon the position and mission trip will be sent to you via email. **PLEASE MAKE TRAVEL ARRANGEMENTS ONLY IF YOU HAVE RECEIVED AN ACCEPTANCE EMAIL AND CONFIRMED DATES OF SERVICE.**

FOCOS Application Form

1. First Name_ _ _ _ _ _ _ _ _ _ _ _ _ 2.Middle Name_ _ _ _ _ _ _ _ _ _ _ 3.Surname_ _ _ _ _ _ _ _ _ _ _ _ _ _ _

4. Address_ _

_ _

_ _

5.City_ _

6.Zip/ postal code_ _

7.Email_ _

8. Home Phone_ 9. Work_ _

10.Cell_ 11.Date of Birth_ _

Emergency contact:

12. Name_ 13.Address_ _

14. Telephone_ 15. Email_ _

16. Dates you are interested in volunteering_ _

17. Length of time_ _

18. Have you applied to FOCOS before? Yes_ _ _ _ _ No_ _ _ _ _

19. Do you have friends or relatives who have served with FOCOS? If yes, who? _ _ _ _ _ _ _ _ _ _ _ _ _ _

20. Are you able to raise funds to serve with FOCOS (i.e. return flights to/from Ghana, costs for vaccinations)? Yes_ _ _ _ _ No_ _ _ _ _

21. Have you been convicted of a criminal offense? Yes_ _ _ _ _ No_ _ _ _ _

If yes, please explain_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

22. Are there any circumstances (medical or other) which could interfere with your meeting the requirements of the position you are applying for? Yes_ _ _ _ _ No_ _ _ _ _

If yes, please explain_ _

Medical Health Information

The primary purpose of obtaining this information is to determine medical eligibility for service abroad. The information on this form may be made available to appropriate staff. Failure to provide accurate information may result in changes to the volunteer role. Have you experienced or are currently experiencing any of the following (please circle yes or no):

Frequent or severe headaches	Yes	No
Dizzy spells, fainting and blackouts	Yes	No
Epilepsy or seizures	Yes	No
Chronic eye trouble or vision problems	Yes	No
Date of last eye exam	Yes	No
Colonoscopy or sigmoidoscopy	Yes	No
Kidney trouble i.e. stones, blood or protein in urine	Yes	No
Diabetes	Yes	No
Thyroid	Yes	No
Asthma	Yes	No
Breathing trouble i.e. frequent cough or shortness of breath	Yes	No
TB or exposure to TB	Yes	No
Pain or pressure in your chest	Yes	No
Anemia or another blood disorder	Yes	No
Heart problems, murmur or infection	Yes	No
Stomach, liver or intestinal problems	Yes	No
Jaundice or hepatitis	Yes	No
Frequent indigestion	Yes	No
Rupture or hernia	Yes	No
Change in bowel or bladder habits	Yes	No
Rectal bleeding or black stools	Yes	No
Cancer	Yes	No
Stroke	Yes	No
Difficulty with hearing	Yes	No
Urinary problems and urinary tract infections	Yes	No
Back pain or injury	Yes	No
Bone tendon or joint problems	Yes	No
Abnormal chest x-ray	Yes	No
Malaria, dysentery or other tropical disease	Yes	No
Frequent crying spells	Yes	No
Felt unusually depressed or sad	Yes	No
Persistent fatigue	Yes	No
Any other medical problems not mentioned	Yes	No
Do you smoke	Yes	No
If yes what and how much?		N/A
Do you drink alcohol?	Yes	No

If yes how much?		N/A
Would you have a problem walking a distance of approximately 1.5 miles (3km) on a level plane at a steady pace without stopping?	Yes	No
Have you ever been referred to or sought consultation or treatment from a mental health professional (counselor, psychologist, social worker etc..)	Yes	No
Have you ever received mental health treatment as an inpatient or as an outpatient in a day treatment center?	Yes	No

If you answer yes to any of the questions in the above section please explain here. If you need more

space please attach additional sheets:_ _

_ _

Please list hospitalizations and operations including both medical and psychiatric illnesses:

Date	**Illness/ Operation**	**Name of hospital**	**Location**	**Duration of treatment**

Current Medications: List all

Name	Dosage	Frequency

Please list any allergies: Drugs and others_ _

_ _

Please consult your family care doctor or travel clinic regarding your specific needs for the countries where you will be travelling. **Yellow fever and Hepatitis is required for all volunteers serving in West Africa- without these vaccinations you will be unable to get a VISA to enter Ghana.** If you choose NOT to obtain any of the recommended vaccines FOCOS cannot provide them once you are approved. Please bring your vaccination record with you.

Authorization and Consent for Treatment: Please read carefully

I _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ have completed this Medical Health Information Personal form (pages 3, 4, 5 and 6) to the best of my knowledge. I also understand the need to report changes in my health status or treatment rendered by a physician prior to me joining FOCOS. I consent to this information being shared with the Medical Advisory Committee and FOCOS Ghana and USA, if deemed necessary. If I require medical treatment while volunteering with FOCOS in Ghana I hearby agree to the performance of such treatment, anesthetics, operations, as in the opinion of the attending physician, are deemed necessary.

_ _

FOCOS Volunteer Electronic Signature **Date**

Dear Prospective Volunteer:

Thank you for interest in the FOCOS Volunteer Program. Prior to making a commitment to FOCOS however, you should be advised and in agreement with the following risks.

If you are a medical provider and intend to provide medical services, you should be aware of medical malpractice issues. Please know that although FOCOS maintains the Standard Ghana professional indemnity coverage in Ghana, this insurance may not extend to you for any malpractice claim brought against you personally. We strongly urge that you contact your individual malpractice insurance provider and inquire as to coverage. You may learn that coverage will be provided to you and/or with the proper disclosure and/or additional amount paid, you will be entitled to coverage.

On another note, you should be made aware that patients in Ghana are not always tested for HIV, however, should a “needle stick” occur, testing will be done at that time.
Moreover, FOCOS is prepared to provide onsite drug administration prior to returning to your home country where treatment can continue. Precaution is the best policy regarding handling of sharps and surgical technique.

Lastly, while traveling as a FOCOS volunteer, you assume the same risks as you would if traveling personally. As such, FOCOS cannot be responsible for any theft and/or personal injury that may occur during your travels. It is suggested that you familiarize yourself with any and all insurances pertaining to same.

Historically, these issues have not been a problem and rarely encountered, however, it is necessary to advise you of the foregoing. FOCOS thanks you for your interest and anticipated participation in the FOCOS Volunteer Program.

FOCOS Board of Directors

_ _

FOCOS Volunteer Electronic Signature **Date**

Physical Evaluation Summery Sheet- FOR A PHYSICIAN TO COMPLETE

Important of Examination: It is important for the examiner to identify all medical conditions which will require follow-up medical care or could be adversely affected by environmental conditions, such as air pollution or poor sanitation. The consequences of not identifying pre-existing health problems could be extremely serious for the examinee. As you perform the examination, keep in mind that the examinee may be assigned to a developing country where sophisticated medical care is not available, or will live in an area which can be very physically demanding at times. All reports must be in English.

Date of Exam:_ _ _ _ _ _ _ _ _ _ _ Patient Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _Date of Birth:_ _ _ _ _ _ _ _ _ _
Age:_ _ _ _ _ _ _Height:_ _ _ _ Weight:_ _ _ _ Blood pressure:_ _ _ _ _ _ _ _ _Pulse: _ _ _ _ _ _ _ _ _ _ _

	Normal	Abnormal	Notes
Skin			
Head, Neck, Thyroid			
Ear, Nose and throat			
Hearing			
Eyes			
Lungs			
Breasts			
Heart			
GU			
GI			
Vascular System			
Extremities and spine			
Neurological (reflexes and muscle strength)			
Psychiatric			
GYN			

Please include a list of patient's medications: _

_ _

Comments/ Recommendations for treatment/ further follow up:

_ _

Physicians signature_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Date_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Print name and address_ _

Telephone_ Email address_ _