

# Xavier Catholic College

## Immersion Application Documentation

---

### DECLARATION OF FITNESS FOR OVERSEAS TRAVEL

This document is to be completed by a Medical Doctor

This declaration is with respect to overseas travel to \_\_\_\_\_ and for a duration of \_\_\_\_\_ days. However, there is an obligation on the student that if they experience a significant medical condition or visit a Medical Practitioner one month prior to the immersion departure that they will advise the organiser of the immersion immediately.

Student Name:			
Date of Birth			
Address			
Details of any current medication / medical condition			
Blood Type			
In your opinion, has the applicant undertaken the necessary health precautions for this trip?		Y	N
Vaccinations (up to date)	Measles-Mumps-Rubella (MMR)	Y	N
	Diphtheria-Tetanus-Pertussis	Y	N
	Varicella (chickenpox)	Y	N
	Polio	Y	N
	yearly Flu Shot	Y	N
	Hepatitis A	Y	N
	Typhoid	Y	N
In your opinion, and in respect of any pre-existing condition, will the applicant need to consult a medical practitioner during the period of Immersion?		Y	N
In your opinion, is the applicant fit to undertake this journey without adverse effects to their health?		Y	N
In your opinion, is Malaria prevention medication required?	Medication Start Date:	Y	N

Doctor's Name: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

Surgery Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS DOCUMENT ON BEHALF OF THE APPLICANT AND  
XAVIER CATHOLIC COLLEGE.**