ICV Medical Form

Date: _____

Volunteer's Name: _____

Date of Birth: / / Current age: _____ years

Address: _____

Doctor's Name: _____

Name of Practice: _____

ABN: _____ Provider No: _____

Contact Number/s: Ph: _____ Fax: _____

Email: _____

Doctor's Statement

The above-named person has been a patient of mine for a period of approximately _____ years/months.

- ☐ I understand the above named person has registered as a volunteer with **Indigenous Community Volunteers (ICV)** and is required to provide a Medical Certificate to be placed on assignment.
- ☐ I understand that as a volunteer they can be placed on assignment for any length of time and in any location throughout Australia, including remote and isolated locations with limited facilities and transport, and where climatic conditions can be harsh and variable.

After examining the patient it is my medical opinion that they are medically:

- ☐ Suitable to undertake a volunteer assignment with ICV and confirm that they are:
  - ☐ Physically fit and healthy to volunteer anywhere in Australia
  - ☐ Mentally fit and healthy to volunteer anywhere in Australia
- ☐ Unsuitable to undertake a volunteer assignment with ICV as I have concerns regarding their physical and/or mental health.

Additional Comments: _____

_____

_____

Signed: Date:

ICV complies with National Privacy Principles. Further information regarding ICV's privacy policy is available online at www.icv.com.au