

**Global Youth Leadership Institute  
Year 3—Costa Rica Participant Medical Report**

**To be completed by a Medical Practitioner**

**Locations, Climates, and Altitudes:** All GYLI programs in Costa Rica will begin in the capital city of San Jose, located Costa Rica’s Central Valley region. Participants will then travel by bus through Braulio Carrillo National Park and spend multiple days at EARTH University in Guácimo, visiting local families and schools within the Limón Province. This travel will take participants through varying climates and altitudes. Some days we will be in the humid tropics with 100% humidity, the dry tropics with 0% humidity, and encounter temperatures ranging from 60 degrees to 95 degrees (Fahrenheit.) Furthermore, altitudes can range from sea level to 3,000 feet above sea level. Please refer to the Center for Disease Control’s website for vaccination recommendations.

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Global Youth Leadership Institute (GYLI) promotes an active learning environment. Some of the activities in our Year 3 program, such as walking up and down hills on uneven terrain, and living in a humid environment, require our participants to be in good health. Participants will always be in close proximity to First Aid medical care, and advanced medical assistance will be available. However, it is essential that you inform us of any condition that poses the risk of sudden incapacitation, or any condition requiring medication that may affect the participant’s physical or mental abilities while at the program. In most cases, we can accommodate medical conditions and physical limitations. GYLI, however, must reserve the right at any time to decline participation to anyone with medical or physical problems that could create a potentially dangerous situation for him/herself or others.

***Please complete EVERY section. Write N/A, if not applicable  
An incomplete medical report WILL delay participation.***

Participant’s Name \_\_\_\_\_ Gender: M F

First                      Middle initial                      Last

Date of Birth \_\_\_\_\_ Height (ft, in) \_\_\_\_\_ Weight (lbs) \_\_\_\_\_

Month    Day    Year

Blood Pressure \_\_\_\_\_/\_\_\_\_\_ Pulse (resting) \_\_\_\_\_

**Is the participant able to participate in activities including the following: (Circle reply)**

Speak and understand English? Yes No

Walk up and down hills on uneven terrain? Yes No

Live in a humid environment? Yes No

Spend up to 3 hours travelling on a bus (with regular rest stops)? Yes No

Please explain any “No” answer(s)

**Does the participant have any medical conditions that GYLI should be aware of?**

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**Allergies:** including food, medication, latex or environmental. Describe reaction.

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Does the participant have an allergy that will require access to epinephrine?

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List current medications include over-the-counter and psychotropic medications	Take for: Condition or Symptom	Dose / Frequency

**Summary of findings: (Circle one, add comments as necessary)**

Considering the findings in the physical examination, and noting the activities to be performed by the participant at a GYLI summer program, I consider the applicant to be:

Fit to participate in GYLI programs:      Fit to participate with the following restrictions:

Printed/Typed Name of Physician/Physician's Assistant/Nurse Practitioner	Telephone Number
Physician/Physician's Assistant/Nurse Practitioner Signature	Date State License Number

I certify that all information provided by me is complete and true to the best of my knowledge.

**Signature of Applicant**

**Date**

*Privacy Statement – All medical information submitted to GYLI on this medical report is for the sole use of GYLI, its medical advisors for the purposes of evaluating the physical condition of applicants, and by emergency medical personnel and doctors in case of injury or illness.*