



# Peace Corps

## INSULIN DEPENDENT DIABETIC SUPPLEMENTAL DOCUMENTATION FORM

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Dear Medical Provider:

Your patient has applied to serve as a Peace Corps Volunteer and has reported having insulin dependent diabetes. During Peace Corps service, every Peace Corps Volunteer with diabetes will face dramatic changes to living conditions, diet, and level of physical activity. In order to protect the health of our Volunteers, we ask you to review the issues below with your patient and provide us with your written recommendations.

### Privacy Act Notice

This information is collected under the authority of the Peace Corps Act, 22 U.S.C. 2501 et seq. It will be used primarily for the purpose of determining your eligibility for Peace Corps service and, if you are invited to serve as a Peace Corps Volunteer, for the purpose of providing you with medical care during your Peace Corps service. Your disclosure of this information is voluntary; however, your failure to provide this information will result in the rejection of your application to become a Peace Corps Volunteer.

This information may be used for the purposes described in the Privacy Act, 5 USC 552a, including the routine uses listed in the Peace Corps' System of Records. Among other uses, this information may be used by those Peace Corps staff members who have a need for such information in the performance of their duties. It may also be disclosed to the Office of Workers' Compensation Programs in the Department of Labor in connection with claims under the Federal Employees' Compensation Act and, when necessary, to a physician, psychiatrist, clinical psychologist or other medical personnel treating you or involved in your treatment or care. A full list of routine uses for this information can be found on the Peace Corps website at <http://multimedia.peacecorps.gov/multimedia/pdf/policies/systemofrecords.pdf>.

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### Burden Statement:

Public reporting burden for this collection of information is estimated to average one hour and 10 minutes per applicant and one hour per physician per response. This estimate includes the time for reviewing instructions and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: FOIA Officer, Peace Corps, 1111 20<sup>th</sup> Street, NW, Washington, DC 20526, ATTN: PRA (0420 - #####). Do not return the completed form to this address.

Please check each box confirming the corresponding issue has been addressed with the applicant.

- I have recently discussed with the applicant insulin strategies and recommendations that can be used when adjusting to a new diet. (Since hypoglycemia is much more threatening in the short term than mild loss of glycemic control, please consider instructing your patient to temporarily reduce his/her sliding scale dosing until a better understanding of the local diet is achieved.) Recommendations:

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- I have recently discussed with the applicant insulin strategies and recommendations that can be used during a “sick day,” or a day when gastrointestinal issues cause a decreased oral intake or potential for increased fluid losses. Recommendations:

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**For Applicants on Continuous Subcutaneous Insulin Infusion:**

**I have recently discussed with this applicant recommendations regarding switching to a multiple daily injection (MDI) regimen in the event of an insulin pump failure. Recommendations:**

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**OR**

- N/A Applicant does not require the use of an insulin pump.
- I have recently discussed with this applicant recommendations for the proper care and maintenance of all diabetes-related monitors and equipment. Below is a list of the devices and necessary disposables:**

Device(s)/Disposables	Manufacturer/Model Number

Provider Signature: \_\_\_\_\_

Provider Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

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