

Applicant Name \_\_\_\_\_

(Last, First, Middle Initial)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Medical Case Number: \_\_\_\_\_  
(Mo/Day/Year)

**Allergy Treatment Form**  
OMB No.: 0420-0550  
Expiration Date: 1/31/2014

## ALLERGY TREATMENT FORM

**Note to the Peace Corps Applicant:** You have indicated that you are currently receiving allergy shots. The Peace Corps is not able to arrange for Volunteers to receive allergy shots during their Peace Corps service. Peace Corps Volunteers generally serve in areas that are isolated and have limited access to Western-trained providers and health care systems.

**Before answering the following questions, please discuss with your allergist whether you will be able to live overseas for 27 months of Peace Corps service without receiving allergy shots.**

Date allergy shots began: \_\_\_\_\_

I have discussed stopping allergy shots with my physician, who agrees that the allergy shots can be stopped without unreasonable risk of substantial harm to my health.\*

I understand that, should I subsequently require allergy shots in order to avoid unreasonable risk of substantial harm to my health, I may no longer be allowed to serve in the Peace Corps.\*

\*Both boxes above must be checked and both the Physician and Applicant must sign below.

I certify the information above with regard to allergy shot treatment is complete and accurate.

Applicant Name/Signature \_\_\_\_\_

I certify this information with regards to allergy shot treatment is complete and accurate for the applicant listed above.

Physician Signature/Title (MD or DO as required by state law) \_\_\_\_\_

Physician Name (Print) \_\_\_\_\_

Date \_\_\_\_\_ Physician License Number/State \_\_\_\_\_

Physician Address \_\_\_\_\_

### 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>.

### Burden Statement:

Public reporting burden for this collection of information is estimated to average 10 minutes per applicant and 20 minutes 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 20th Street, NW, Washington, DC 20526, ATTN: PRA (0420 - 0550). Do not return the completed form to this address.

