



# Peace Corps

Welcome **ekehne** [Log Off](#)

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## Health History Introduction

The Peace Corps needs to assess your overall health status before you can be accepted to serve overseas. The health history is the first step in the medical review process, which will take about an hour to complete. Your signature at the end of the questionnaire certifies that you have answered all questions accurately and completely.

## A Medical History for International Placement

A health condition you manage easily at home in the U.S. can become a significant medical issue in many countries where Peace Corps Volunteers serve. The Peace Corps Office of Medical Services assesses your health in the context of living conditions and medical care in each country.

For this reason, the types of medical questions and the level of detail required are unlike other medical histories you might normally be asked.

The Applicant Medical Screening Process is thorough, and it is important for you to answer all questions accurately. On average, Peace Corps is able medically clear more than 85% of all applicants.

## 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 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 45 minutes 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-####). Do not return the completed form to this address.

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# Peace Corps

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## Authorization for Peace Corps Use of Medical Information

(please print and keep this for your records)

### WHY IS THE PEACE CORPS ASKING ME TO SIGN THIS AUTHORIZATION?

HIPAA — the Health Insurance Portability and Accountability Act — is a federal law which, together with related regulations, is designed in part to protect information about your health from unreasonable disclosure. It limits the extent to which your “protected health information” — individually identifiable information about your physical or mental health or the health care you have received — can be used without your consent for purposes other than medical treatment and payment, and related business operations. Since the Peace Corps provides medical care to Peace Corps Volunteers during their service, it is subject to HIPAA requirements. HIPAA requires individuals to be given a notice describing how medical professionals and health plans use their medical information. The Peace Corps’ notice is available on its website at [www.peacecorps.gov/policies/pdf/hipaa.pdf](http://www.peacecorps.gov/policies/pdf/hipaa.pdf)

Since Peace Corps Volunteers often live and work in remote areas with less sophisticated sanitation and health-care networks, and higher levels of endemic diseases, than are typical in the United States, all applicants must receive medical clearance before joining the Peace Corps. Your medical status may also have a bearing on the location of your Peace Corps assignment. The Peace Corps needs access to information about your medical history and current medical condition, including the answers you provide on this Health History Form and other information collected during the Peace Corps’ medical clearance process, to determine whether you are medically eligible for Peace Corps service and, if so, where you will be placed as a Volunteer.

Because HIPAA puts strict limits on the use of your protected health information, the Peace Corps must have a signed authorization from you to use that information for purposes other than medical treatment and payment. Therefore, **unless you sign this authorization, the Peace Corps will not be able to consider your application for Peace Corps service.**

In addition, if you are offered and accept an invitation to become a Peace Corps Volunteer, the information collected during the medical clearance process will become part of your Peace Corps medical record. The Peace Corps medical staff will add information to your medical record as they care for you. As a Peace Corps Volunteer, the Peace Corps will be responsible for your medical care and Peace Corps medical staff will, as permitted by HIPAA, use your health information for medical treatment and payment. However, the Peace Corps has other responsibilities, including training

Volunteers, protecting their safety and security, providing program support to them overseas and ensuring that the whole Peace Corps system operates as effectively and efficiently as possible. There may, therefore, be situations in which Peace Corps non-medical staff need your health information for purposes other than medical treatment or payment.

Under the Peace Corps' medical confidentiality policy, your health information may be disclosed to Peace Corps non-medical staff only if they have a **specific** need to know the information to do their jobs. This might include situations in which the Country Director at your post needs medically confidential information in order to manage the post. Only the minimum amount of information necessary will be disclosed and recipients are required to protect the confidentiality of the health information they receive.

The following are some specific examples of health information that may be disclosed to Peace Corps non-medical staff if they have a specific need to know the information to do their jobs:

- evidence of illegal or unauthorized drug use;
- the existence of a medical condition for which you require accommodation, along with the nature of the accommodation;
- information relating to a serious threat to your health or safety or that of any other person;
- information about your non-compliance with medical advice or policies that pose a serious risk of harm to you or someone else;
- the fact that you have been the victim of a physical or sexual assault;
- information needed to ensure proper arrangements for a medical evacuation;
- information about a medical condition if needed to ensure your safety and security or that of another person;
- information about a medical condition that is affecting your performance or well-being;
- information about risky sexual or other behavior that is putting you or someone else at serious risk; and
- information relating to your provision of any misleading, inaccurate or incomplete medical information to the Peace Corps during the application process.

You may revoke this authorization at any time. However, **because this authorization is needed in order for the Peace Corps to administer its program, you may continue to serve as a Volunteer only for as long as this authorization remains in effect.**

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This authorization permits the Peace Corps to use my protected health information to determine my eligibility for the Peace Corps and as necessary for administration of the Peace Corps program. I understand that **this document must be signed, dated, and returned with my medical information, and that the Peace Corps will be unable to review my information without this signed document.**

I, Elizabeth Kehne hereby authorize that:

A. All health information I provide to the Peace Corps or that is provided by anyone who has provided health care services or treatment to me, consulted on such services, or otherwise has health care information responsive to the information requests of the Peace Corps, including my response to the Health History form, and any follow-up health information requested by and provided to the Peace

Corps Office of Volunteer Support relating to me prior to my being sworn in as a Peace Corps Volunteer (including but not limited to information about my prior physical and mental health history, my current health status, and possible future care and treatment), may be disclosed to the following people:

Peace Corps staff, including in the Office of Volunteer Support, Office of Volunteer Recruitment Selection, Office of Global Operations, Office of Safety and Security, Office of General Counsel, Peace Corps Medical Officers, Country Directors at overseas posts, and any other Peace Corps staff or contractors who have a specific need to know the information to perform their duties, for the purposes of making a determination of my medical or other eligibility for Peace Corps service and of placement/assignment.

B. If I am accepted for Peace Corps service, the information listed above will become part of my Peace Corps health record. All information in my Peace Corps health record, and any other personal health information relevant to me that is provided to the Peace Corps by me or any health care provider or other person, may be disclosed to Peace Corps staff or contractors, as described in paragraph A above, who have a specific need to know the information for the purposes of performing their duties in connection with administration of the Peace Corps program only. This may include (but is not limited to) information relevant to my continued service as a Peace Corps trainee or Peace Corps Volunteer.

This authorization is effective until five years following either my close of Peace Corps service or final determination by the Peace Corps that I am not eligible for Peace Corps service. I understand that I may revoke this authorization at any time by sending a written revocation to the Office of Volunteer Support, Peace Corps, 1111 20th Street, NW, Washington DC, 20526, but that my revocation before acceptance will stop consideration of my application, and that my service as a Volunteer is conditioned on the existence of this authorization, which is necessary to administer the Peace Corps program.

I also understand that during the entire period of this authorization to use my health care information, Peace Corps will protect the confidentiality of my health care information, consistent with the Privacy Act, the Health Insurance Portability and Accountability Act (as applicable), and Peace Corps policies on confidentiality of medical information, as described in the Peace Corps Notice of Privacy Practices and Peace Corps Manual Section 268.

I have read and understand this authorization.

Signature:

Elizabeth Kehne

**Elizabeth Kehne**

Date of Birth:

01/01/1970

**Submit**



## Sitemap

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## OPENING QUESTIONS

How tall are you? (Height in inches)

How much do you weigh? (Weight in pounds)

Have you ever filled out a Health History Questionnaire for the Peace Corps before?

Year:

I have been diagnosed with cancer (of any type) in my lifetime

Date of diagnosis:	Type of Cancer	
<input type="text" value="February, 2012"/>	<input type="text" value="Skin"/>	<a href="#">Delete</a>

[Add an incident of cancer](#)

Check at least one option below:

My Cancer treatment is complete

I still receive treatment related to this Cancer diagnosis

Type:

Date of Last Treatment

Check at least one option below:

I no longer see any health care provider in relation to this cancer diagnosis

I follow up periodically with a health care provider in relation to this cancer diagnosis

Next expected visit date due)

I have periodic laboratory or diagnostic testing due to this Cancer diagnosis

List type of test, frequency



## **REPORT OF CURRENT MEDICATIONS**

Do you take any prescription medications?

Please list all medications you are currently taking. If you do not know a start date or strength of a medication, please answer "unknown".

Medication (Name):

Route: Oral

Start Date:

Strength (e.g., 50 mg):

Frequency (e.g., every day or as needed):

Delete Medication

---

Add a Medication

---

---

Do you regularly take any over the counter medications or herbal remedies?

Please list all medications you are currently taking. If you do not know a start date or strength of a medication or remedy, please answer "unknown".

Medication (Name):

Route: Oral

Start Date:

Strength (e.g., 50 mg):

Frequency (e.g., every day or as needed):

Delete Medication

---

Add a Medication

---

---

Has your doctor changed your medication or have you stopped taking a medication in the last 6 months?

Please list each medication that was changed or that you stopped taking and the reason the medication regime was changed or stopped

N/A



## **REPORT OF PHYSICAL ABILITIES**

Peace Corps Volunteers serve in conditions or countries that may include remote locations with rugged terrain or city sites that require climbing up steep, multiple floor steps while carrying groceries. Sometimes access to water is limited and walking with buckets of water may be a daily task. Transportation may mean walking on rough roads, biking on rugged terrain, or relying on mass transportation with waits up to several hours in weather that is extremely hot or cold. Ice and snow or constant dust with relentless dry heat or oppressive humidity is common. The questions below are used to determine your ability to accommodate such conditions, and make placement decisions as appropriate.

**Check all that apply: (if you mark "cannot", a description is required)**

I can walk distances on rough or uneven terrain  
 I cannot walk distances on rough or uneven terrain

I can climb at least 2 flights of stairs carrying groceries or luggage without difficulty  
 I cannot climb at least 2 flights of stairs carrying groceries or luggage without difficulty

I can tolerate riding in a vehicle on rough roads  
 I cannot tolerate riding in a vehicle on rough roads

I can ride a bicycle  
 I cannot ride a bicycle

I can ride a bicycle on rough roads  
 I cannot ride a bicycle on rough roads

I can hold a squatting position for several minutes  
 I cannot hold a squatting position for several minutes

I can lift (check the highest weight you can lift without difficulty)  
 I cannot lift at least 10 pounds without difficulty

Please check all weights which you can lift

10 pounds  
 20 pounds  
 50 pounds

I cannot tolerate living in conditions (check all that apply)  
 Heat > 90 degrees    Cold < 20 degrees    Constant Dampness  
 Constant Dust

If any of the above boxes are checked, please describe why you cannot live in those environments:

N/A

I can tolerate living at an altitude 5000 feet above sea level  
 I cannot tolerate living at an altitude 5000 feet above sea level

I have no limitations on my functional abilities to meet my activities of daily living.  
 I have some limitations on my functional abilities to meet my activities of daily living.



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## ALLERGY

### (Conditions of Allergic Response)

#### Allergy Shots

I currently receive allergy shots

Expected date of last treatment

February 2012

#### Life Threatening Reactions

In my lifetime I have experienced a life threatening allergic reaction with some or all of these s mouth, tongue, lips and/or difficulty breathing, loss of consciousness, and/or severe drop in blood

Allergen	Describe your reaction	Date of last reaction
N/A	N/A	January 2012

[Add an allergy](#)

My reaction required an Emergency Room visit or Hospitalization

Date:

January 2012

I will need special placement due to my allergic reaction to this allergen

Describe your reaction

N/A

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to ser Corps? If so, please describe.

N/A

#### CHECK ALL ALLERGIES YOU HAVE:

##### Food Allergens

Peanut or Nut Allergy		

Allergen	Describe your reaction	Date of last react
N/A	N/A	January 2012

#### Add an allergy

If I experience a reaction, my treatment only requires the use of over-the-counter List

N/A

If I experience a reaction, my treatment requires a prescription List

N/A

If I experience a reaction, I have Epi-Pen prescribed for my use

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Co
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your abi with the Peace Corps? If so, please describe.

N/A

#### Shellfish Allergy

Describe your reaction

N/A

Date of last reaction

January 2012

If I experience a reaction, my treatment only requires the use of over-the-counter List

N/A

If I experience a reaction, my treatment requires a prescription List

N/A

If I experience a reaction, I have Epi-Pen prescribed for my use

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Co
- Describe your response to all treatments prescribed for this condition.

- Do you have any concerns related to this condition that may impact on your ability with the Peace Corps? If so, please describe.

N/A

### Eggs or Egg Protein Allergy

Describe your reaction

N/A

Date of last reaction

January 2012

If I experience a reaction, my treatment only requires the use of over-the-counter List

N/A

If I experience a reaction, my treatment requires a prescription List

N/A

If I experience a reaction, I have Epi-Pen prescribed for my use

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability with the Peace Corps? If so, please describe.

N/A

### Milk or Dairy Allergy

Allergen	Describe your reaction	Date of last reaction
N/A	N/A	January 2012

[Add an allergy](#)

If I experience a reaction, my treatment only requires the use of over-the-counter List

N/A

If I experience a reaction, my treatment requires a prescription  
List

N/A

If I experience a reaction, I have Epi-Pen prescribed for my use

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve with the Peace Corps? If so, please describe.

N/A

Other Food Allergies

Allergen	Describe your reaction	Date of last reaction
N/A	N/A	January 2012

[Add an allergy](#)

If I experience a reaction, my treatment only requires the use of over-the-counter  
List

N/A

If I experience a reaction, my treatment requires a prescription  
List

N/A

If I experience a reaction, I have Epi-Pen prescribed for my use

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve with the Peace Corps? If so, please describe.

N/A

Penicillin Allergy

Describe your reaction

N/A

Date of last reaction

January 2012

If I experience a reaction, my treatment only requires the use of over-the-counter List

N/A

If I experience a reaction, my treatment requires a prescription List

N/A

If I experience a reaction, I have Epi-Pen prescribed for my use

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve with the Peace Corps? If so, please describe.

N/A

**Medication Allergens**

Sulfa Allergy

Describe your reaction

N/A

Date of last reaction

January 2012

If I experience a reaction, my treatment only requires the use of over-the-counter List

N/A

If I experience a reaction, my treatment requires a prescription  
List  
N/A

If I experience a reaction, I have Epi-Pen prescribed for my use  
Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve with the Peace Corps? If so, please describe.

N/A

#### Tetracycline Allergy

Describe your reaction  
N/A

Date of last reaction

If I experience a reaction, my treatment only requires the use of over-the-counter  
List  
N/A

If I experience a reaction, my treatment requires a prescription  
List  
N/A

If I experience a reaction, I have Epi-Pen prescribed for my use  
Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve with the Peace Corps? If so, please describe.

N/A

Other medication Allergy(ies)

Allergen	Describe your reaction	Date of last react
N/A	N/A	January 2012

Add an allergy

If I experience a reaction, my treatment only requires the use of over-the-counter List  
N/A

If I experience a reaction, my treatment requires a prescription List  
N/A

If I experience a reaction, I have Epi-Pen prescribed for my use

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Cor
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your abi with the Peace Corps? If so, please describe.

N/A

I am allergic to three or more types of antibiotics.  
(complete this section in full even if you have already reported an allergic reaction).

I can successfully take, without an allergic reaction the following antibiotics, should I c while in Peace Corps.  
N/A

I do not know what antibiotics I can safely take

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Cor
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your abi with the Peace Corps? If so, please describe.

N/A



### Animal Allergens

#### Bee or Wasp Allergy

Describe your reaction	Date of last reaction	
N/A	January 2012	Delete

[Add an allergy](#)

If I experience a reaction, my treatment only requires the use of over-the-counter List  
 N/A

If I experience a reaction, my treatment requires a prescription List  
 N/A

If I experience a reaction, I have Epi-Pen prescribed for my use  
 Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve with the Peace Corps? If so, please describe.

N/A

#### Cat Allergy

Describe your reaction  
 N/A

Date of last reaction

If I experience a reaction, my treatment only requires the use of over-the-counter List  
 N/A

If I experience a reaction, my treatment requires a prescription List

N/A

If I experience a reaction, I have Epi-Pen prescribed for my use

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve with the Peace Corps? If so, please describe.

N/A

Dog Allergy

Describe your reaction

N/A

Date of last reaction

January 2012

If I experience a reaction, my treatment only requires the use of over-the-counter medications

N/A

If I experience a reaction, my treatment requires a prescription medication

N/A

If I experience a reaction, I have Epi-Pen prescribed for my use

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve with the Peace Corps? If so, please describe.

N/A

Other Animal Allergy(ies)

Allergen	Describe your reaction	Date of last react
N/A	N/A	January 2012

Add an allergy

If I experience a reaction, my treatment only requires the use of over-the-counter  
 List  
 N/A

If I experience a reaction, my treatment requires a prescription  
 List  
 N/A

If I experience a reaction, I have Epi-Pen prescribed for my use  
 Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Coi
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your abi with the Peace Corps? If so, please describe.

N/A

Environmental Allergens

Dust Allergy

Describe your reaction  
 N/A

Date of last reaction

If I experience a reaction, my treatment only requires the use of over-the-counter  
 List  
 N/A

If I experience a reaction, my treatment requires a prescription  
 List  
 N/A

If I experience a reaction, I have Epi-Pen prescribed for my use

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve with the Peace Corps? If so, please describe.

N/A

Mold Allergy

Describe your reaction

N/A

Date of last reaction

January 2012

If I experience a reaction, my treatment only requires the use of over-the-counter medications

N/A

If I experience a reaction, my treatment requires a prescription

N/A

If I experience a reaction, I have Epi-Pen prescribed for my use

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve with the Peace Corps? If so, please describe.

N/A

Seasonal Allergy (Pollen, Trees, etc.)

I have/had symptoms due to this condition(such as sneezing,itchy eyes)

Symptom: N/A

Does this symptom affect your daily life?

Severity:

**Mild**

Frequency:

**Daily**

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either **daily or as needed** for this condition

Medications

N/A

If I experience a reaction, I have Epi-Pen prescribed for my use

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve with the Peace Corps? If so, please describe.

N/A

Other Environment Allergy(ies) not previously listed

Allergen	Describe your reaction	Date of last reaction
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="January 2012"/>

[Add an allergy](#)

If I experience a reaction, my treatment only requires the use of over-the-counter

List

N/A

If I experience a reaction, my treatment requires a prescription

List

N/A

If I experience a reaction, I have Epi-Pen prescribed for my use

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve with the Peace Corps?

with the Peace Corps? If so, please describe.

N/A

**Other Allergens**

Other Allergy(ies) not previously listed

Allergen	Describe your reaction	Date of last react
N/A	N/A	February 2012

[Add an allergy](#)

If I experience a reaction, my treatment only requires the use of over-the-counter List

N/A

If I experience a reaction, my treatment requires a prescription List

N/A

If I experience a reaction, I have Epi-Pen prescribed for my use

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve with the Peace Corps? If so, please describe.

N/A

Any other condition not previously listed that you have sought medical attention by an **past two years**

Allergen	Describe your reaction	Date of last react
N/A	N/A	February 2012

[Add an allergy](#)

If I experience a reaction, my treatment only requires the use of over-the-counter List

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- Gynaecology
- Respiratory
- Urology and Nephrology
- Ophthalmology
- Mental Health
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N/A

If I experience a reaction, my treatment requires a prescription  
List

N/A

If I experience a reaction, I have Epi-Pen prescribed for my use

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
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- Do you have any concerns related to this condition that may impact on your ability to serve with the Peace Corps? If so, please describe.

N/A

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## Have you ever had any of the following?

### CARDIOVASCULAR

#### (Conditions of the Heart or Blood Vessels)

##### Heart or Major Vessel Surgery

Type of surgery

N/A

Date of surgery

January 2012

When was the last time you saw a Health Care provider in relation to this surgery:

January 2012

##### Heart Attack

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition:

January 2012

##### Congestive Heart Failure

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition:

January 2012

##### Cardiomyopathy

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition:

January 2012

##### Endocarditis

Date of diagnosis:

January 2012



When was the last time you saw a Health Care provider for this condition:

January 2012

#### Pulmonary Embolism

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition:

January 2012

#### A Pacemaker

Date of insertion:

January 2012

When was the last time you saw a Health Care provider for this condition:

January 2012

#### An Implantable Defibrillator

When was the last time you saw a Health Care provider for this condition:

January 2012

#### Coronary Artery Disease

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition:

January 2012

#### A **Heart Defect** present since birth that requires specialized care

Describe:

N/A

When was the last time you saw a Health Care provider for this condition:

January 2012

Are you currently taking a **bloodthining medication**, other than aspirin?

Please list your blood thinning medications. Separate individual medications with a comma.

N/A

I am 50 years of age or older

I have had an electrocardiogram in the **last six months**.

### **YOU MUST CHECK ONE OF THE STATEMENTS BELOW**

In the past two years I have seen a Primary Care Physician or Cardiologist for a heart or blood vessel condition

I have not seen a doctor in the **past two years** for any heart or blood vessel condition

Date	Reason	
January 2012	N/A	Delete

[Add a visit](#)

### Please check all conditions that apply.

Diagnosis: Low Blood Pressure

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List the medications that changed and describe reason for change:

N/A

I have had tests done in the last 6 months to diagnose or monitor this condition. This includes lab tests (such as blood work) or radiologic tests (such as MRI, or Echocardiograms).

I follow a special diet due to having this condition

Describe

N/A

I am independently monitoring my blood pressure

This condition is stable, with normal blood pressure over the past year

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Cardiologist for specialized monitoring or follow up for this condition

Please describe any monitoring or follow up required:

N/A

Diagnosis: High Blood Pressure

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your

activities of daily living/work?

- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List the medications that changed and describe reason for change:

N/A

I have had tests done in the last 6 months to diagnose or monitor this condition. This includes lab tests (such as blood work) or radiologic tests (such as MRI, or Echocardiograms).

I follow a special diet due to having this condition

Describe

N/A

I am independently monitoring my blood pressure

This condition is stable, with normal blood pressure over the past year

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Cardiologist for specialized monitoring or follow up for this condition

Please describe any monitoring or follow up required:

N/A

Diagnosis: High Cholesterol

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A



I have/had symptoms due to this condition

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I require medication either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A



My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List the medications that changed and describe reason for change:

N/A



I have had tests done in the last 6 months to diagnose or monitor this condition. This includes lab tests (such as blood work) or radiologic tests (such as MRI, or Echocardiograms).

I follow a special diet due to having this condition

Describe

N/A

This condition is stable and requires no visits or only a brief visit to the physician for medication refills or blood work

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Cardiologist for specialized monitoring or follow up for this condition

Please describe any monitoring or follow up required:

N/A

Diagnosis: High Triglycerides

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I require medication either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List the medications that changed and describe reason for change:

N/A

I have had tests done in the last 6 months to diagnose or monitor this condition. This includes lab tests (such as blood work) or radiologic tests (such as MRI, or Echocardiograms).

I follow a special diet due to having this condition

Describe

This condition is stable and requires no visits or only a brief visit to the physician for medication refills or blood work

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Cardiologist for specialized monitoring or follow up for this condition

Please describe any monitoring or follow up required:

Diagnosis: Peripheral Vascular Disease



Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started

a medication or changed the dosage of a current medication)

List the medications that changed and describe reason for change:

N/A

I have had tests done in the last 6 months to diagnose or monitor this condition. This includes lab tests (such as blood work) or radiologic tests (such as MRI, or Echocardiograms).

I sometimes, or all the time, require the use of compression stockings

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

I have other blood vessel problems (such as carotid or leg vessels)

Describe:

N/A

I am currently a smoker, or was a smoker in the past year

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Cardiologist for specialized monitoring or follow up for this condition

Please describe any monitoring or follow up required:

N/A

Diagnosis: Varicose Veins

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started

a medication or changed the dosage of a current medication)

List the medications that changed and describe reason for change:

N/A

I have had tests done in the last 6 months to diagnose or monitor this condition. This includes lab tests (such as blood work) or radiologic tests (such as MRI, or Echocardiograms).

I sometimes, or all the time, require the use of compression stockings

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

I have other blood vessel problems (such as carotid or leg vessels)

Describe:

N/A

I am currently a smoker, or was a smoker in the past year

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Cardiologist for specialized monitoring or follow up for this condition

Please describe any monitoring or follow up required:

N/A

Diagnosis: Raynaud's Syndrome

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started

a medication or changed the dosage of a current medication)

List the medications that changed and describe reason for change:

N/A



I have had tests done in the last 6 months to diagnose or monitor this condition. This includes lab tests (such as blood work) or radiologic tests (such as MRI, or Echocardiograms).

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

I have other blood vessel problems (such as carotid or leg vessels)

Describe:

N/A



I am currently a smoker, or was a smoker in the past year

I can only live in certain climates due to the severity of this condition

Describe:

N/A



I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Cardiologist for specialized monitoring or follow up for this condition

Please describe any monitoring

or follow up required:

N/A

Diagnosis: Heart Conduction conditions (such as palpitations or bundle branch blocks)

I was given a diagnosis for my symptoms)

Describe:

N/A

The condition causing my symptoms is not known and I do not have a diagnosis  
Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

### Add a symptom

I require medication either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List the medications that changed and describe reason for change:

N/A

I have had tests done in the last 6 months to diagnose or monitor this condition. This includes lab tests (such as blood work) or radiologic tests (such as MRI, or Echocardiograms).

I am told I need, or may need, a radiofrequency (RF) catheter ablation procedure in the future due to this condition

I have had a radiofrequency (RF) catheter ablation procedure

Date of Procedure:

January 2012

I have a pacemaker due to this condition

Date of Insertion:

January 2012

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012



I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Cardiologist for specialized monitoring or follow up for this condition

Please describe any monitoring or follow up required:

N/A

Diagnosis: Heart Valve Disorder

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

### Add a symptom

I require medication either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List the medications that changed and describe reason for change:

N/A

I have had tests done in the last 6 months to diagnose or monitor this condition. This includes lab tests (such as blood work) or radiologic tests (such as MRI, or Echocardiograms).

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

I have pulmonary edema

I have pulmonary hypertension

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Cardiologist for specialized monitoring or follow up for this condition

Please describe any monitoring or follow up required:

N/A

Diagnosis: Pulmonary Valve Disorder

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A



I have/had symptoms due to this condition

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A



My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List the medications that changed and describe reason for change:

N/A

I have had tests done in the last 6 months to diagnose or monitor this condition. This includes lab tests (such as blood work) or radiologic tests (such as MRI, or Echocardiograms).

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

I have pulmonary edema

I have pulmonary hypertension

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Cardiologist for specialized monitoring or follow up for this condition

Please describe any monitoring or follow up required:

N/A

Any cardiac symptoms (such as fainting or chest pain), diagnosed condition, or cardiac surgery not previously listed.

I was given a diagnosis for my symptoms)

Diagnosis:

N/A

Date of diagnosis:

January 2012

The condition causing my symptoms is not known and I do not have a diagnosis

Date of initial symptoms

January 2012

I follow a special diet due to having this condition

Describe

N/A

I require ongoing, or as needed, oxygen use for this condition  
Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as

needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List the medications that changed and describe reason for change:

N/A

I have had tests done in the last 6 months to diagnose or monitor this condition. This includes lab tests (such as blood work) or radiologic tests (such as MRI, or Echocardiograms).

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Cardiologist for specialized monitoring or follow up for this condition

Please describe any monitoring or follow up required:

N/A

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## DERMATOLOGY

### (Conditions of the Skin)

#### PLEASE CHECK ONE STATEMENT BELOW

In the past two years I have seen a Primary Care Physician or Dermatologist for a skin condition. (If you are unsure, click here for a list of conditions).

I have not seen a doctor in the past two years for any skin condition.

#### List date(s)/reason(s) for all visits in the past 2 years

Date	Reason	
January 2012	N/A	Delete

[Add a visit](#)

#### Please check all conditions that apply.

Diagnosis: Cystic Acne

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Please list any symptoms related to this condition:



Symptom: 

Does this symptom affect your daily life?

Severity:

**Mild**

Frequency:

**Daily**

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)[Add a symptom](#)

I require oral (by mouth) or topical (applied to affected area) medication either daily or as needed for this condition

Note: Peace Corps does not support the use of Accutane (Isotretinoin) during service

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require steroid injections OR Accutane (Isotretinoin) to manage my acne.

I have had 2 or more episodes of Cystic Acne in my life

It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

Diagnosis: Vulgaris Acne

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments

prescribed for this condition.

- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) or topical (applied to affected area) medication either daily or as needed for this condition

Note: Peace Corps does not support the use of Accutane (Isotretinoin) during service

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require steroid injections OR Accutane (Isotretinoin) to manage my acne.

I have had 2 or more episodes of Vulgaris Acne in my life

It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

### Diagnosis: Unknown Type of Acne

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

Symptom:

Does this symptom affect your daily life?

Severity:

**Mild**

Frequency:

**Daily**

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) or topical (applied to affected area) medication either daily or as needed for this condition

Note: Peace Corps does not support the use of Accutane (Isotretinoin) during service

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require steroid injections OR Accutane (Isotretinoin) to manage my acne.

I have had 2 or more episodes of Unknown Type of

Acne in my life

It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Alopecia (Hair Loss)

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition (Unless there is a medical necessity, the Peace

Corps does not provide medications for hair loss for strictly cosmetic purposes.) Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Pilonidal Cyst

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I had surgery due to this condition  
(list date(s))

N/A

I have been told I need, or may need, surgery in the future due to this condition

(Describe):

N/A

It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Dermatitis

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months

with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition (example dry skin or scaly skin)

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require oral (by mouth) or topical (applied to affected area) medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My symptom is only dry skin and, if treated, requires only over-the-counter moisturizer

My condition has involved or currently involves most or all of my body

My condition has required or currently requires injections OR drugs that lower my immune response

My symptoms are caused by exposure to a known specific trigger (such as detergent or cold air)

List trigger(s):

N/A

I do not know what causes my symptoms

It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Dry Skin

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition (example dry skin or scaly skin)

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)


---

[Add a symptom](#)

I require oral (by mouth) or topical (applied to affected area) medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a



comma.

N/A

My symptom is only dry skin and, if treated, requires only over-the-counter moisturizer

My condition has involved or currently involves most or all of my body

My condition has required or currently requires injections OR drugs that lower my immune response

My symptoms are caused by exposure to a known specific trigger (such as detergent or cold air)

List trigger(s):

N/A

I do not know what causes my symptoms

It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Eczema

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition (example dry skin or scaly skin)

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) or topical (applied to affected area) medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My symptom is only dry skin and, if treated, requires only over-the-counter moisturizer

My condition has involved or currently involves most or all of my body

My condition has required or currently requires injections OR drugs that lower my immune response

My symptoms are caused by exposure to a known specific trigger (such as detergent or cold air)

List trigger(s):

N/A

I do not know what causes my symptoms

It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Psoriasis

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition (example dry skin or scaly skin)

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)[Add a symptom](#)

I require oral (by mouth) or topical (applied to affected area) medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My symptom is only dry skin and, if treated, requires only over-the-counter moisturizer

My condition has involved or currently involves most or all of my body

My condition has required or currently requires injections OR drugs that lower my immune response

My symptoms are caused by exposure to a known specific trigger (such as detergent or cold air)  
List trigger(s):

N/A



I do not know what causes my symptoms

It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.

Description:

N/A



This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Basal cell tumor of the skin

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A



Date of diagnosis:

January 2012

List location

N/A



I have had at least one lesion located on my lips or ears

I have a history of same-site skin recurrences.

I have had this condition more than twice in my lifetime

I had surgical removal of the lesion(s)

I have been told I need, or may need, surgery in the future due to this condition

(Describe):

N/A

It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Squamous cell tumor of the skin

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

List location

N/A

I have had at least one lesion located on my lips or ears

I have a history of same-site skin recurrences.

I have had this condition more than twice in my lifetime

I had surgical removal of the lesion(s)

I have been told I need, or may need, surgery in the future due to this condition

(Describe):

N/A

It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Moles or Nevi (These do NOT include any basal or squamous cancers listed above)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had this condition more than once (complete questions below for EACH occurrence)

I had surgical removal of the mole or nevi

After removal of the mole I was told it was abnormal but not cancerous

It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Fungal Infections, including Nail fungal infections

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location of the symptom

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) or topical (applied to affected area) medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

The medication I take for this condition requires regular lab work

It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Any skin symptom (such as a rash or itching), diagnosed condition, or skin surgery not previously listed.

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.



N/A

I was given a diagnosis for my symptoms  
Date of diagnosis:

January 2012

List diagnosis

N/A

I do not know the name of condition causing my symptoms or or I have not been given a diagnosis  
(Date of initial symptoms)

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

(Describe):

N/A

My condition has involved or currently involves most or all of my body

My condition has required or currently requires injections OR drugs that lower my immune response

It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

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**Have you had any of these conditions in your lifetime?  
(Check all that apply.)**

### ENDOCRINOLOGY

#### (Diabetes or Conditions of the Pituitary, Thyroid, Parathyroid, and Adrenal Glands)

Addison's Disease (hypo adrenal glands and/or reduced corticosteroid levels)

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition:

January 2012

Cushing's Disease (hyper adrenal glands and/or elevated corticosteroid levels)

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition:

January 2012

Diabetes Type 1

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition:

January 2012

Congenital Adrenal Hyperplasia

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition:

January 2012

#### YOU MUST CHECK ONE OF THE STATEMENTS BELOW

In the past two years I have seen a primary care physician or endocrinologist or other specialist for a condition of the Endocrine System (diabetes or conditions of the pituitary, thyroid, parathyroid and adrenal glands for example). If you are unsure, click here for a list of Endocrine conditions)

I have not seen a doctor in the **past two years** for any condition of the endocrine system

#### List date(s)/reason(s) for all visits in the past 2 years

Date	Reason

January 2012

Date of diagnosis

Delete

[Add a visit](#)**Check all conditions or symptoms that apply****Diagnosis: Diabetes Mellitus Type 2 (If you have Type 1, this should be checked in the lifetime conditions)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I manage my diabetes by diet and exercise only and do not take any medication for this condition

I have had one or more episodes of low blood sugar that included a change in consciousness and an immediate need for sugar (a glass of orange juice or a sugar tablet for example)

I require oral (by mouth) or Injectable (by a shot) medication either daily or as needed for this condition. Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)  
List medication and describe reason for change:

N/A

I follow a special diet due to having this condition  
Describe:

N/A

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I am unable to check my own blood sugars

I have had a Hemoglobin A1C lab test in the last 3 months

I have neuropathy (loss of sensation or nerve pain) due to this condition

Describe:

N/A

I have involvement of other body systems due to this condition (kidney, eyes for example)

Describe:

N/A

I have had blood tests or other diagnostic testing in the past 6 months due to this condition

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### Diagnosis: Hypoglycemia

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I have had blood tests due to this condition in the past 3 months

I have had this condition more than once

List:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over

a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### Diagnosis: : Hyperthyroidism (overactive thyroid)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or

changed the dosage of a current medication)  
List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing (such as a Ultrasound) in the past year due to this condition

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

**Diagnosis: Grave's Disease (an autoimmune response leading to an overactive thyroid)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.



N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing (such as a Ultrasound) in the past year due to this condition

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### Diagnosis: Thyroid Storm (a life- threatening event of an overactive thyroid)

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this

condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)  
List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing (such as a Ultrasound) in the past year due to this condition

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### Diagnosis: Hypothyroidism (underactive thyroid)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments

prescribed for this condition.

- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing (such as a Ultrasound) in the past year due to this condition

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### Diagnosis: Hashimoto's or other type of Thyroiditis

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing (such as a Ultrasound) in the past year due to this condition

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

**Diagnosis: Underactive thyroid due to a pituitary dysfunction**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing (such as a Ultrasound) in the past year due to this

condition

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### **Diagnosis: Acromegaly(growth hormone secreting pituitary tumor)**

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had blood tests or other diagnostic testing (such as an MRI) in the past year due to this condition

I have/had symptoms due to this condition

Symptom: N/A



Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

**Diagnosis: : Prolactin-secreting pituitary tumor**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had blood tests or other diagnostic testing (such as an MRI) in the past year due to this condition

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

### Diagnosis: ACTH-producing pituitary tumor

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

I have had blood tests or other diagnostic testing (such as an MRI) in the past year due to this condition

I have/had symptoms due to this condition

Symptom:

Does this symptom affect your daily life?

Severity:

**Mild**

Frequency:

**Daily**

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over

a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

**Diagnosis: Non-functioning (no production of hormones) pituitary tumor**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had blood tests or other diagnostic testing (such as an MRI) in the past year due to this condition

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)  
List medication and describe reason for change:

N/A

I had surgery due to this condition in the past 2 years  
I have been told I need, or may need, surgery in the future due to this condition  
Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.  
Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution:

January 2012

### Diagnosis: Hypoparathyroidism (underactive parathyroid)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had blood tests or other diagnostic testing (such as an MRI) in the past year due to this condition

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I

see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### Diagnosis: Hyperparathyroidism (overactive parathyroid)

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had blood tests or other diagnostic testing (such as an MRI) in the past year due to this condition

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this



condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)  
List medication and describe reason for change:

N/A

I had surgery due to this condition in the past 2 years  
I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### Diagnosis: Pheochromocytoma

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition

that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had blood tests or other diagnostic testing (such as an MRI) in the past year due to this condition

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

**Diagnosis: Gout (If you have already answered questions on this condition in another body system, do not check this box)**

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition (include the location of all affected joints)

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

**Add a symptom**

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

The cause of this condition is known

List

N/A

I have had more than one episode of this condition in my lifetime

I have had laboratory testing (such as uric acid levels) or diagnostic testing (such as MRI or X-Ray) in the past 6 months due to this condition

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

**Diagnosis: Any endocrine symptom (such as hormonal abnormalities), diagnosed condition, or endocrine surgery not previously listed for which you have sought medical attention in the past 2 years**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I was given a diagnosis for my symptoms

Diagnosis:

N/A

Date of diagnosis:

January 2012

I do not know the condition or I have not been given a diagnosis

(Date of initial symptoms)

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)  
List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing (such as a Ultrasound) in the past year due to this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

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## Have you ever had any of the following?

### **EAR, NOSE and THROAT**

#### **(Conditions of the Ear, Nose and Throat)**

I am hard of hearing and I use speech as my primary form of communication

Date of diagnosis:

January 2012

Ear(s) affected

Left

Right

Both

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

The cause of the hearing loss is known

List:

N/A

I have had diagnostic testing (such as a hearing test) in due to this condition

I require the use of a hearing aid

List type, date of purchase, manufacturer and model number(provide if known)

N/A

The hearing aids may need to be replaced in the next 3 years

Date of expected future replacement

January 2012

It is recommended by my health professional that I see an Ear, Nose and Throat physician for specialized monitoring or follow up for this condition.

Describe

N/A

I am deaf and use American Sign Language as my primary form of communication

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I am deaf and use speech and residual hearing as my primary form of communication

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that



may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have no difficulty hearing

**YOU MUST CHECK ONE OF THE STATEMENTS BELOW**

In the past two years I have seen a Primary Care Physician or Ear, Nose, and Throat Specialist for an Ear, Nose, and Throat condition. (If you are unsure, click here for a list of conditions).

I have not seen a doctor in the **past two years** for any Ear, Nose and Throat condition.

**List date(s)/reason(s) for all visits in the past 2 years**

Date	Reason	
January 2012	N/A	Delete

[Add a visit](#)

**Please check all conditions that apply.**

**Diagnosis: Cholesteatoma (usually a benign tumor of the ear)**

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Ear(s) affected

Left

Right

Both

I have/had symptoms due to this condition

Symptom:

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I have had a single incidence of a Cholesteatoma

I have had this condition more than once in my lifetime

List Dates

N/A

I had surgery in the past 2 years due to this condition

I am told I need, or may need, surgery in the future due to this condition

Description:

N/A

It is recommended by my health professional that I see an Ear, Nose and Throat physician for specialized monitoring or follow up for this condition

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

**Diagnosis: Meniere's Disease (affects balance and hearing)**

Date of diagnosis:

Please respond to all of the bullet points below.

- How does this condition affect your activities of

daily living/work?

- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition

Symptom:

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I am currently experiencing hearing loss due to this condition

I have had this condition more than once in my lifetime

List Dates

N/A

I had surgery for this condition

I am told I need, or may need, surgery in the future due to this condition

Description:

N/A

It is recommended by my health professional that I see an Ear, Nose and Throat physician for specialized monitoring or follow up for this condition  
Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution:

January 2012

**Diagnosis: Vertigo (dizziness)**

Date of diagnosis:

January 2012

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

### Add a symptom

I require medication either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had this condition more than once in my lifetime  
List Dates

N/A

I had surgery for this condition

I am told I need, or may need, surgery in the future due to this condition

Description:

N/A

It is recommended by my health professional that I see an Ear, Nose and Throat physician for specialized monitoring or follow up for this condition

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### Diagnosis: Tinnitus (ringing in the ear)

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments

prescribed for this condition.

- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition

Symptom:

Does this symptom affect your daily life?

Severity:

**Mild**

Frequency:

**Daily**

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I am currently experiencing hearing loss due to this condition

I have had this condition more than once in my lifetime

List Dates

N/A

I had surgery for this condition

I am told I need, or may need, surgery in the future due to this condition

Description:

N/A

It is recommended by my health professional that I

see an Ear, Nose and Throat physician for specialized monitoring or follow up for this condition

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

**Diagnosis: Ear Infection**

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for

this condition. Separate individual medications with a comma.

N/A

This is a chronic condition that requires multiple visits to a health professional each year

Describe

N/A

I had surgery in the past 2 years due to this condition  
I am told I need, or may need, surgery in the future due to this condition

Description:

N/A

It is recommended by my health professional that I see an Ear, Nose and Throat physician for specialized monitoring or follow up for this condition

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### Diagnosis: Sinusitis

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.



N/A

I have/had symptoms due to this condition

Symptom:

Does this symptom affect your daily life?

Severity:

**Mild**

Frequency:

**Daily**

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

This is a chronic condition that requires multiple visits to a health professional each year

Describe

N/A

I had surgery in the past 2 years due to this condition

I am told I need, or may need, surgery in the future due to this condition

Description:

N/A

It is recommended by my health professional that I see an Ear, Nose and Throat physician for specialized monitoring or follow up for this condition

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### Diagnosis: Tonsillitis

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

This is a chronic condition that requires multiple visits

## Sitemap

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to a health professional each year  
Describe

N/A

I had surgery in the past 2 years due to this condition  
I am told I need, or may need, surgery in the future  
due to this condition

Description:

N/A

It is recommended by my health professional that I  
see an Ear, Nose and Throat physician for specialized  
monitoring or follow up for this condition

Description:

N/A

This condition is resolved without symptoms for over  
a year, I have no restrictions or limitations due to this  
condition and it requires no further follow up

Date of resolution:

January 2012

### Diagnosis: Deviated septum

Date of diagnosis:

January 2012

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

This is a chronic condition that requires multiple visits to a health professional each year

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have trouble sleeping due to this condition

I had surgery for this condition

I am told I need, or may need, surgery in the future due to this condition

Description:

N/A

This is a chronic condition that requires multiple visits to a health professional each year

Describe

N/A

It is recommended by my health professional that I see an Ear, Nose and Throat physician for specialized monitoring or follow up for this condition

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

**Diagnosis: Any other symptom or condition of the ear, nose or throat (including surgeries) not previously listed that has required you to seek medical attention in the past 2 years**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I was given a diagnosis for my symptoms  
(List diagnosis):

N/A

Date:

January 2012

I do not know the name of condition causing my symptoms or I have not been given a diagnosis  
(Date of initial symptoms)

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

This is a chronic condition that requires multiple visits to a health professional each year

I require special medical treatment for this condition  
Describe:

N/A

I had surgery in the past 2 years due to this condition  
I am told I need, or may need, surgery in the future due to this condition

Description:

N/A

It is recommended by my health professional that I see an Ear, Nose and Throat physician for specialized monitoring or follow up for this condition

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

[Previous](#)   [Save](#)   [Next](#)



In my lifetime I have/had:

## GASTROENTEROLOGY

### (Conditions of the Colon, Stomach, Pancreas or Liver)

Cirrhosis of the Liver

Date of diagnosis:

January, 2012

When was the last time you saw a Health Care provider for this condition?

January, 2012

Esophageal Varices

Date of diagnosis:

January, 2012

When was the last time you saw a Health Care provider for this condition?

January, 2012

Ascites

Date of diagnosis:

January, 2012

When was the last time you saw a Health Care provider for this condition?

January, 2012

Hepatitis C

Date of diagnosis:

January, 2012

When was the last time you saw a Health Care provider for this condition?

January, 2012

Active Hepatitis B OR I am a Hepatitis B carrier

Date of diagnosis:

January, 2012

When was the last time you saw a Health Care provider for this condition?

January, 2012

I have undergone Bariatric Surgery for weight loss

(Date of Sugery)

January, 2012

When was the last time you saw a Health Care provider for this condition?

January, 2012

Any absorption disorder, such as Crohn's Disease or Ulcerative Colitis

Date of diagnosis:

January, 2012

When was the last time you saw a Health Care provider for this condition?

January, 2012

I currently have a Colostomy, Ileostomy or any other surgical repair of the colon that requires daily care and maintenance

When was the last time you saw a Health Care provider for this condition?

January, 2012

---

**PLEASE CHECK AT LEAST ONE OF THE OPTIONS BELOW**

I am under 50 years of age

I am 50 years of age or older

---

**PLEASE CHECK AT LEAST ONE OF THE FOLLOWING BOXES. CHECK ALL THAT APPLY**

Colonoscopy (within 10 years)

My test was abnormal and required further follow up testing

Flexible Sigmoidoscopy (within 5 years)

My test was abnormal and required further follow up testing

Double Contrast Barium Enema (within 5 years)

My test was abnormal and required further follow up testing

CT Colongraphy "Virtual Colonoscopy" (within 5 years)

My test was abnormal and required further follow up testing

Stool for DNA testing (within 1 year)

My test was abnormal and required further follow up testing

Fecal Immunochemical Test (within 1 year)

My test was abnormal and required further follow up testing



Fecal Occult Blood Test x 3 (within 1 year)

My test was abnormal and required further follow up testing

I have not had any of the listed tests above within the defined time frames

---

### **YOU MUST CHECK ONE OF THE STATEMENTS BELOW**

I am able to tolerate lactose in my diet and do not avoid dairy products

I am lactose intolerant and have symptoms that require I modify my diet and avoid some or all dairy

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

---

/

### **YOU MUST CHECK ONE OF THE STATEMENTS BELOW**

I am able to tolerate gluten in my diet

I am gluten intolerant which requires me to modify my diet and avoid gluten

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

---

/

**YOU MUST CHECK ONE OF THE STATEMENTS BELOW**

In the past two years I have seen a Primary Care Physician or Gastroenterologist for a Colon, Stomach, Pancreas or Liver condition (If you are unsure, click here for a list of conditions)

I have not seen a doctor in the **past two years** for any Colon, Stomach, Pancreas or Liver condition

**List date(s)/reason(s) for all visits in the past 2 years**

Date	Reason	
January, 2012	N/A	Delete

[Add a visit](#)

**Please check all conditions that apply.**

**Diagnosis: Hepatitis (inflammation of the liver) (If you have already answered questions on this condition in another body system do not check this box)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Hepatitis A  
Date of diagnosis:

Hepatitis B  
Date of diagnosis:

Hepatitis C  
Date of diagnosis:

I don't know what kind of Hepatitis I had  
Date of diagnosis:

The cause of this condition is known and can prevented  
Describe

N/A

I have/had symptoms due to this condition.

Symptom:

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as CT Scan or Ultrasound) in the past 6 months due to this condition

I require regular blood tests to monitor the status of my liver function

Date of last test

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up

Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

**Diagnosis: Irritable Bowel Syndrome**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

December, 2011

I have had this condition more than once

List dates:

N/A

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January, 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as Colonoscopy) in the past 2 years due to this condition

I follow a special diet due to having this condition  
Describe:

I had surgery due to this condition

I am told I need, or may need, surgery in the future due to this condition

Describe:

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up

Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

### Diagnosis: Bowel Obstruction

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

I had surgery due to this condition

I am told I need, or may need, surgery in the future due to this condition

Describe:

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution:

**Diagnosis: Inguinal Hernia (protrusion of abdominal contents into the lower abdomen)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I had surgery due to this condition  
(Date of Surgical Repair)

Not surgically repaired

I am told I need, or may need, surgery in the future due to this condition

Describe:

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at

least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January, 2012

### Diagnosis: Celiac Disease

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January, 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January, 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as Colonoscopy) in the past 2 years due to this

condition

I had surgery due to this condition

I am told I need, or may need, surgery in the future due to this condition

Describe:

N/A

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January, 2012

### Diagnosis: Cholelithiasis(Gallbladder stones)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January, 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:



January, 2012

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I require oral (by mouth) medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I follow a special diet due to having this condition  
Describe:

N/A

I have had blood tests or other diagnostic testing (such as Ultrasound) in the past 2 years due to this condition

I had surgery due to this condition

I am told I need, or may need, surgery in the future due to this condition

Describe:

N/A

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January, 2012

### Diagnosis: Cholecystitis (inflammation of the gallbladder)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments

prescribed for this condition.

- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January, 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January, 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require oral (by mouth) medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I follow a special diet due to having this condition

Describe:

N/A

I have had blood tests or other diagnostic testing (such as Ultrasound) in the past 2 years due to this condition

I had surgery due to this condition

I am told I need, or may need, surgery in the future due to this condition

Describe:

N/A

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution:

January, 2012

**Diagnosis: Cholangitis(Infection of the biliary tract)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January, 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January, 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) medication either **daily or as needed** for this condition

Please list any medications you are currently taking for

this condition. Separate individual medications with a comma.

N/A

I follow a special diet due to having this condition  
Describe:

N/A

I have had blood tests or other diagnostic testing (such as Ultrasound) in the past 2 years due to this condition

I had surgery due to this condition

I am told I need, or may need, surgery in the future due to this condition

Describe:

N/A

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January, 2012

### **Diagnosis: Cholecystectomy(surgical removal of the gallbladder)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of Surgery

January, 2012

Diagnosis:

N/A

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January, 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I follow a special diet due to having this condition

Describe:

N/A

I have had blood tests or other diagnostic testing (such as Ultrasound) in the past 2 years due to this condition

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January, 2012

**Diagnosis: Pancreatitis (Inflammation of the pancreas)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January, 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January, 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I follow a special diet due to having this condition  
Describe:

N/A

I have had blood tests or other diagnostic testing

(such as Ultrasound) in the past 2 years due to this condition

I had surgery due to this condition

I am told I need, or may need, surgery in the future due to this condition

Describe:

N/A

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January, 2012

### Diagnosis: Colonic Polyps and/or Polypectomy

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January, 2012

I had a colonoscopy

Date of diagnosis:

January, 2012

I had polyps removed at the time of the colonoscopy or sigmoidoscopy  
(Date of removal)

January, 2012

Date of the next recommended colonoscopy is:

N/A

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January, 2012

**Diagnosis: Gastroesophageal Reflux Disease (Heartburn)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January, 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January, 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)



I require oral (by mouth) medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I follow a special diet due to having this condition  
Describe:

N/A

I have had blood tests or other diagnostic testing (such as CT Scan or Ultrasound) in the past 2 years due to this condition

I currently require ongoing specialized management for this condition (such as keeping the head of bed elevated)

Describe:

N/A

I had surgery due to this condition  
I am told I need, or may need, surgery in the future due to this condition

Describe:

N/A

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January, 2012

**Diagnosis: Hiatal Hernia (protrusion of the stomach into the chest cavity)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms

while serving with the Peace Corps?

- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January, 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January, 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I follow a special diet due to having this condition

Describe:

N/A

I have had blood tests or other diagnostic testing (such as CT Scan or Ultrasound) in the past 2 years due to this condition

I currently require ongoing specialized management for this condition (such as keeping the head of bed elevated)

Describe:

N/A

I had surgery due to this condition

I am told I need, or may need, surgery in the future due to this condition

Describe:

N/A

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January, 2012

### **Diagnosis: Diverticulosis (bulging small pouches in the lining of the colon)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom: Elizabeth Kehne

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require oral (by mouth) medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

The cause of this condition is known

Describe

N/A

I follow a special diet due to having this condition

Describe:

N/A

I have had blood tests or other diagnostic testing (such as Colonoscopy) in the past 2 years due to this condition

I am told I need, or may need, surgery in the future due to this condition

Describe:

N/A

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

**Diagnosis: Esophagitis (inflammation or swelling of the esophagus)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require oral (by mouth) medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

The cause of this condition is known  
Describe

N/A

I follow a special diet due to having this condition  
Describe:

N/A

I have had blood tests or other diagnostic testing (such as CT Scan or Ultrasound) in the past 2 years due

to this condition

I currently require ongoing specialized management for this condition (such as keeping the head of bed elevated)

Describe:

N/A

I had surgery due to this condition

I am told I need, or may need, surgery in the future due to this condition

Describe:

N/A

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

**Diagnosis: Peptic Ulcer (a mucosal break in the stomach or small intestine)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

## Sitemap

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I have/had symptoms due to this condition.

Symptom:

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

The cause of this condition is known

Describe

N/A

I follow a special diet due to having this condition

Describe:

I have had blood tests or other diagnostic testing (such as CT Scan or Ultrasound) in the past 2 years due to this condition

I currently require ongoing specialized management for this condition (such as keeping the head of bed elevated)

Describe:

N/A

I had surgery due to this condition

I am told I need, or may need, surgery in the future due to this condition

Describe:

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution:

January 2012

**Diagnosis: Gastritis (inflammation of the mucosa of the stomach)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) medication either **daily or as needed** for this condition



Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

The cause of this condition is known and can prevented  
Describe

N/A

I follow a special diet due to having this condition  
Describe:

N/A

I have had blood tests or other diagnostic testing (such as CT Scan or Ultrasound) in the past 2 years due to this condition

I currently require ongoing specialized management for this condition (such as keeping the head of bed elevated)  
Describe:

N/A

I had surgery due to this condition

I am told I need, or may need, surgery in the future due to this condition

Describe:

N/A

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution:

January 2012

**Diagnosis: Hemorrhoids**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I follow a special diet due to having this condition  
Describe:

N/A

I have had blood tests or other diagnostic testing (such as Colonoscopy) in the past 2 years due to this condition

I had surgery due to this condition

I am told I need, or may need, surgery in the future due to this condition

Describe:

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

**Diagnosis: Abdominal Pain (check only if you have not already reported this condition above)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I was given a diagnosis for my symptoms

Date of diagnosis:

Describe:

N/A

The condition causing my symptoms is not known and I do not have a diagnosis

Date of initial symptoms

I have/had symptoms due to this condition.

Symptom: 

Does this symptom affect your daily life?

Severity:

**Mild**

Frequency:

**Daily**

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)[Add a symptom](#)

I require oral (by mouth) medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as MRI or Ultrasound) in the past 6 months due to this condition

I had surgery due to this condition

I am told I need, or may need, surgery in the future due to this condition

Describe:

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

**Diagnosis: Any other Colon, Stomach, Pancreas or Liver Condition (including surgeries) not previously listed for which you have sought medical attention in the past 2 years**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I was given a diagnosis for my symptoms  
Date of diagnosis:

January 2012

Describe:

N/A

I do not know the name of condition causing my symptoms or or I have not been given a diagnosis  
Date of initial symptoms

January 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I follow a special diet due to having this condition

Describe:

N/A

I have had blood tests or another diagnostic test (such as CT Scan) in the past 6 months due to this condition provide results

I had surgery due to this condition

I am told I need, or may need, surgery in the future due to this condition

Describe:

N/A

It is recommended by my health professional that I see a Gastroenterologist for specialized monitoring or follow up for this condition.

Describe:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

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## RHEUMATOLOGY AND IMMUNOLOGY

### (Diseases caused by an overactive immune system and chronic inflammation)

**In my lifetime I have been diagnosed with:**

Ankylosing Spondylitis

Date of diagnosis:

January 2012

When was the last time you saw a health care provider for this condition?

January 2012

Systemic Lupus Erythematosus

Date of diagnosis:

January 2012

When was the last time you saw a health care provider for this condition?

January 2012

Polymyositis; Dermatomyositis

Date of diagnosis:

January 2012

When was the last time you saw a health care provider for this condition?

January 2012

Scleroderma

Date of diagnosis:

January 2012

When was the last time you saw a health care provider for this condition?

January 2012

Psoriatic Arthritis

Date of diagnosis:

January 2012

When was the last time you saw a health care provider for this condition?

January 2012

## Fibromyalgia

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

When was the last time you were seen by a health care professional for this condition?

January 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either **daily or as needed** for this condition.

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication **in the past three months** (either stopped or started a medication or changed the dosage of a current medication).

List reasons for change:



N/A

I have missed work or school more than once **in the past year** due to this condition

I have had a blood test or other diagnostic tests **in the past year** due to this condition.

I have restrictions to my activity due to this condition (for example, I can't run, squat).

List:

N/A

I have ongoing medical problems due to this condition.

List:

N/A

I currently utilize other forms of therapy in the treatment of my condition (exercise, massage, physical therapy).

List:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in **the past two years** due to this condition.

This condition has been resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up.

Date of resolution:

January 2012

### Chronic Fatigue Syndrome

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

When was the last time you were seen by a health care professional for this condition?

January 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)[Add a symptom](#)I require medication either **daily or as needed** for this condition.

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication **in the past three months** (either stopped or started a medication or changed the dosage of a current medication).

List reasons for change:

N/A

I have missed work or school more than once **in the past year** due to this condition.I have had a blood test or other diagnostic tests **in the past year** due to this condition.

I have restrictions to my activity due to this condition (for example, I can't run, squat).

List:

N/A

I have ongoing medical problems due to this condition

List:

N/A

I currently utilize other forms of therapy in the treatment of my condition (exercise, massage, physical therapy).

List:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in **the past two years** due to this condition.

This condition has been resolved without symptoms **for over a year**. I have no restrictions or limitations due to this condition and it requires no further follow up.

Date of resolution:

## Rheumatoid Arthritis

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

When was the last time you were seen by a health care professional for this condition?

I have/had symptoms due to this condition.

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Symptom:

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either **daily or as needed** for this condition.

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication **in the past three months** (either stopped or started a medication or changed the dosage of a current medication).

List reasons for change:

N/A

I have missed work or school more than once **in the past year** due to this condition.

I have had a blood test or other diagnostic tests **in the past year** due to this condition.

I have restrictions to my activity due to this condition (for example, I can't run, squat).

List:

N/A

I have ongoing medical problems due to this condition.

List:

N/A

I currently utilize other forms of therapy in the treatment of my condition (exercise, massage, physical therapy).

List:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in **the past two years** due to this condition.

I will need to see a specialist or have specific follow up for this condition for the next three years.

Describe:

N/A

This condition has been resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up.

Date of resolution:

January 2012

### Juvenile Rheumatoid Arthritis

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

When was the last time you were seen by a health care professional for this condition?

January 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either **daily or as needed** for this condition.  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication **in the past three months** (either stopped or started a medication or changed the dosage of a current medication).

List reasons for change:

N/A

I have missed work or school more than once **in the past year** due to this condition.

I have had a blood test or other diagnostic tests **in the past year** due to this condition.

I have restrictions to my activity due to this condition (for example, I can't run, squat).

List:

N/A

I have ongoing medical problems due to this condition.

List:

N/A

I currently utilize other forms of therapy in the treatment of my condition (exercise, massage, physical therapy).

List:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in **the past two years** due to this condition.

I will need to see a specialist or have specific follow up for this condition for the next three years.

Describe:

N/A

This condition has been resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up.

Date of resolution:

January 2012

In **the past two years** I have seen a Primary Care Physician, Immunologist or Rheumatologist for any condition caused by chronic inflammation from an overactive immune system or ailments of the joints such as arthritis. (If you're unsure, click here for a list of conditions).

I have not seen a doctor in the **past two years** for any condition caused by chronic inflammation from an overactive immune system, or ailment of the joints such as arthritis.

Date	Reason	
January 2012	N/A	Delete

[Add a visit](#)

Diagnosis: Reactive Arthritis(Reiter's Syndrome)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had more than one episode of this condition in my lifetime.

List frequency:

N/A

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition.

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication **in the past three months** (either stopped or started a medication or changed the dosage of a current medication).

List:

N/A

I have had a blood test or other diagnostic tests **in the past year** due to this condition.

I have restrictions to my activity due to this condition (for example, I can't run, squat).

List:

N/A



I have ongoing medical problems due to this condition.

List:

N/A

I currently utilize other forms of therapy in the treatment of my condition (exercise, massage, physical therapy).

List:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in **the past two years** due to this condition.

I will need to see a specialist or have specific follow up for this condition for the next three years.

Describe:

N/A

This condition has been resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up.

Date of resolution:

January 2012

#### Diagnosis: Sjogren's Syndrome

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition.

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have other conditions due to overactive immune system (such as lupus or rheumatoid arthritis).

Describe:

N/A

I have multiple organ involvement from this condition.

Describe:

N/A

I have had a blood test or other diagnostic tests **in the past year** due to this condition.

I have restrictions to my activity due to this condition (for example, I can't run, squat).

List:

N/A

I have ongoing medical problems due to this condition.

List:

N/A

I currently utilize other forms of therapy in the treatment of my condition (exercise, massage, physical therapy).

List:

N/A

I have been to an emergency room or urgent care center or have been hospitalized in **the past two years** due to this condition.

I will need to see a specialist or have specific follow up for this condition for the next three years.

Describe:

N/A

This condition is resolved without symptoms **for over two years**, I have no restrictions or limitations due to this condition and it requires no further follow up.

Date of resolution:

January 2012

Diagnosis: Any **rheumatoid or immunologic symptom, diagnosed condition or surgery** not previously listed for which you have sought medical attention in **the past two years**.

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the

Peace Corps?

- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

**Actual diagnosis**

I was given a diagnosis for my symptoms.

Date:

January 2012

List diagnosis:

N/A

I don't know the name of the condition causing my symptoms or I have not been given a diagnosis.

Date of initial symptoms:

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either **daily or as needed** for this condition.

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A



I have other conditions due to overactive immune system (such as lupus or rheumatoid arthritis).

Describe:

N/A



I have multiple organ involvement from this condition.

Describe:

N/A



I have a had blood test or other diagnostic tests **in the past year** due to this condition.

I have restrictions to my activity due to this condition (for example, I can't run, squat).

List:

N/A



I have ongoing medical problems due to this condition.

List:

N/A



I currently use other forms of therapy to treat of my condition (exercise, massage, physical therapy).

List:

N/A



I have been to an emergency room or urgent care center or have been hospitalized **in the past two years** due to this condition.

I will need to see a specialist or have specific follow up for this condition for the

next three years.

Describe:

N/A

This condition is resolved without symptoms **for over two years**, I have no restrictions or limitations due to this condition and it requires no further follow up.

Date of resolution:

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## NEUROLOGY

### (Conditions of the Brain or Nervous System)

#### ***In my lifetime I have had:***

Amyotrophic Lateral Sclerosis (ALS)

Date of diagnosis:

January 2012

Month/Year last seen physician for this condition

January 2012

Multiple Sclerosis (MS)

Date of diagnosis:

January 2012

Month/Year last seen physician for this condition

January 2012

Parkinson's Disease

Date of diagnosis:

January 2012

Month/Year last seen physician for this condition

January 2012

Myasthenia Gravis

Date of diagnosis:

January 2012

Month/Year last seen physician for this condition

January 2012

Cerebral Palsy (CP)

Date of diagnosis:

January 2012

Month/Year last seen physician for this condition

January 2012

Muscular Dystrophy (MD)

Date of diagnosis:

January 2012

Month/Year last seen physician for this condition

January 2012

Cerebral Vascular Accident (CVA)

Date of diagnosis:

January 2012

Month/Year last seen physician for this condition

January 2012

Surgery and placement of a Ventricular Shunt

Date of Surgery

January 2012

Month/Year last seen physician for this condition

January 2012

Tourette's Syndrome

Date of diagnosis:

January 2012

Month/Year last seen physician for this condition

January 2012

Sleep Apnea that requires or may require in the next three years a C-PAP machine

Date of diagnosis:

January 2012

Month/Year last seen physician for this condition

January 2012

Seizure disorder (other than a seizure as a baby caused by high fever)

List

N/A

Date of diagnosis:

January 2012

Month/Year last seen physician for this condition

January 2012

Any Myopathy(a neuromuscular disorder) not previously listed

List

N/A

Date of diagnosis:

January 2012

Month/Year last seen physician for this condition

January 2012

**YOU MUST CHECK ONE OF THE STATEMENTS BELOW**

In **the past two years** I have seen a Primary Care Physician or Neurology (Brain or Nervous System) specialist for a condition of the Brain or Nervous System.(If you're unsure, click here for a list of conditions)

I have not seen a doctor in the **past two years** for any condition of the Brain or Nervous System.

Date	Reason	
January, 2012	N/A	Delete

Add a visit

Diagnosis: Bell's Palsy

Please respond to all of the bullet points below.



- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January, 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January, 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) medication either **daily or as needed** for this condition. Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests due to this condition **in the past three months**

It is recommended by my health professional that I see a Neurologist for specialized monitoring or follow up for this

condition  
Describe  
N/A

This condition is resolved without symptoms **for at least three months**, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution

January 2012

Diagnosis: Migraine or other severe Headaches

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I require oral (by mouth) medication either **daily or as needed** for this condition. Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

One of the medications listed above is a narcotic medication ( a strong pain medication that requires a written prescription from a doctor (cannot be called into a pharmacy))

One of the medications listed above is administered by injection.

My doctor changed my medication **in the past three months** (either stopped or started a medication or changed the dosage of a current medication)

List reasons

N/A

I have had blood tests or other diagnostic testing (such as MRI) **in the past six months** due to this condition

I have other associated symptoms with this condition such as difficulty talking or weakness in my body

Describe

N/A

My symptoms are minor and managed **only** with over the counter medication or other techniques such as relaxation, or sleep.

Describe

N/A

It is recommended by my health professional that I see a Neurologist for specialized monitoring or follow up for this condition

Describe

N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution

January 2012

Diagnosis: Sleep Apnea  
(If you have already answered questions on this condition in another body system, **do not** check this box)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I require the use of a C-PAP machine

This condition sometimes impacts on my ability to perform my activities of daily living

I have undergone sleep studies in **the past year**

It is recommended by my health professional that I see a Neurologist for specialized monitoring or follow up for this condition

Describe

N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution

January 2012

Diagnosis: Narcolepsy

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require oral (by mouth) medication either **daily or as needed** for this condition Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have difficulties due to this condition that sometimes affects aspects of my life Describe

N/A

I have undergone sleep studies in **the past year**

My symptoms are minor and managed **only** with over-the-counter medication or other techniques such as relaxation, or sleep.

Describe

N/A

It is recommended by my health professional that I see a Neurologist for specialized monitoring or follow up for this condition Describe

Describe

N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution

January 2012

Diagnosis: Insomnia

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I require oral (by mouth) medication either **daily or as needed** for this condition. Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

One of the medications listed above includes sleeping pills such as Ambien or Lunesta

I have difficulties due to this condition that sometimes affects aspects of my life. Describe

N/A

I have undergone sleep studies in **the past year**

My symptoms are minor and managed **only** with over-the-counter medication or other techniques such as relaxation, or sleep.

Describe

N/A

It is recommended by my health professional that I see a Neurologist for specialized monitoring or follow up for this condition.

Describe

N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up.

Date of resolution

January 2012

Diagnosis: Any other symptom, condition or surgery of the Brain or Nervous System (**not previously listed**)



for which you have sought medical attention in the past two years.

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date

January 2012

I was given a diagnosis for my symptoms

Date

January 2012

List diagnosis

N/A

I don't know the name of condition causing my symptoms or I have not been given a diagnosis

Date of initial symptoms

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I require oral (by mouth) medication either **daily or as needed** for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication **in the past three months** (either stopped or started a medication or changed the dosage of a current medication)  
List reasons

N/A

I have had blood tests or other diagnostic testing (such as MRI) **in the past six months** due to this condition

I had surgery due to this condition

I am told I need, or may need, surgery in the future due to this condition  
Describe

N/A

I have been to an emergency room or urgent care center or have been hospitalized **in the past two years** because of this condition.

It is recommended by my health professional that I see a Neurologist for specialized monitoring or follow up for this condition  
Describe

N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution

January 2012

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## MUSCULOSKELETAL

### (Conditions of the Muscle, Bone, Tendon or Ligament)

I have had orthopedic surgery in my lifetime and hardware (pins, rods, joint replacement for example) was left in place.  
Please list type of surgery or surgeries as well as the date of surgery, reason for surgery, and what hardware was left in place.

N/A

In the past two years I have seen a Primary Care Physician, Orthopedic Surgeon or other Health Care Provider (Physical Therapist or Chiropractor for example) for a condition of the Muscle, Bone, Tendon or Ligament. (If you are unsure, click here for a list of conditions)

I have not seen a doctor in the **past two years** for any condition of the Muscle, Bone, Tendon or Ligament.

Date	Reason	
January 2012	N/A	Delete

[Add a visit](#)

### Please check all conditions that apply.

Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis), or for any reason sought medical care for **Back or Spine**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had more than one episode of this condition in my lifetime (which diagnosis (es) and dates)

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I currently require ongoing medical treatment for this condition

Describe:

N/A

I require a brace or other medical equipment due to this condition

Describe:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)

Describe:

N/A

I had surgery for this condition

Date of surgery:

January 2012

I have been told I may need surgery in the future for this condition

Describe:

N/A

I had physical therapy in the past six months for this condition

Date of last session:

January 2012

I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms or pain for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis) in relation to, or for any reason sought medical care for the **Neck**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had more than one episode of this condition in my lifetime  
(which diagnosis (es) and dates)

N/A

I have/had symptoms due to this condition

Symptom:

Does this symptom affect your daily life?

Severity:

**Mild**

Frequency:

**Daily**

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I currently require ongoing medical treatment for this condition

Describe:

N/A

I require a brace or other medical equipment due to this condition

Describe:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)

Describe:

N/A

I had surgery for this condition

Date of surgery:

I have been told I may need surgery in the future for this condition

Describe:

N/A

I had physical therapy in the past six months for this condition

Date of last session:

January 2012

I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms or pain for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis) in relation to, or for any reason sought medical care for the **Skull**

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had more than one episode of this condition in my lifetime (which diagnosis (es) and dates)

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:



Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I currently require ongoing medical treatment for this condition

Describe:

N/A

I require a brace or other medical equipment due to this condition

Describe:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)

Describe:

N/A

I had surgery for this condition

Date of surgery:

January 2012

I have been told I may need surgery in the future for this condition

Describe:

N/A

I had physical therapy in the past six months for this condition

Date of last session:

January 2012

I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms or pain for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis) in relation to, or for any reason sought medical care for the **Knee**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

Location:

- Left  
Right  
Both

I have had more than one episode of this condition in my lifetime  
(which diagnosis (es) and dates)

N/A

I have/had symptoms due to this condition

Symptom: 

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either daily or as needed for this condition (Include pain medications)

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require ongoing medical treatment for this condition

Describe:

N/A

I require a brace or other medical equipment due to this condition

Describe:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)

Describe:

N/A

I had surgery for this condition

Date of surgery:

January 2012

I have been told I may need surgery in the future for this condition

Describe:

N/A

I had physical therapy in the past six months for this condition

Date of last session:

January 2012

I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms or pain for six months or more, I have no restrictions or limitations due to this condition and it requires no further

follow up  
Date of resolution:

January 2012

Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis) in relation to, or for any reason sought medical care for the **Shoulder**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

- Left
- Right
- Both

I have had more than one episode of this condition in my lifetime  
(which diagnosis (es) and dates)

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

**Add a symptom**

I require medication either daily or as needed for this condition (Include pain medications)

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require ongoing medical treatment for this condition

Describe:

N/A

I require a brace or other medical equipment due to this condition

Describe:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)

Describe:

N/A

I had surgery for this condition

Date of surgery:

January 2012

I have been told I may need surgery in the future for this condition

Describe:

N/A

I had physical therapy in the past six months for this condition

Date of last session:

January 2012

I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms or pain for six months or more, I have no restrictions or

limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis) in relation to, or for any reason sought medical care for the **Hand or Wrist**

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

Left

Right

Both

I have had more than one episode of this condition in my lifetime  
(which diagnosis (es) and dates)

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

### Add a symptom

I require medication either daily or as needed for this condition (Include pain medications)

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require ongoing medical treatment for this condition

Describe:

N/A

I require a brace or other medical equipment due to this condition

Describe:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)

Describe:

N/A

I had surgery for this condition

Date of surgery:

January 2012

I have been told I may need surgery in the future for this condition

Describe:

N/A

I had physical therapy in the past six months for this condition

Date of last session:

January 2012

I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms or pain

for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis) in relation to, or for any reason sought medical care for the **Hip or Pelvis**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

- Left
- Right
- Both

I have had more than one episode of this condition in my lifetime  
(which diagnosis (es) and dates)

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)



Add a symptom

I require medication either daily or as needed for this condition (Include pain medications)  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A



I currently require ongoing medical treatment for this condition  
Describe:

N/A



I require a brace or other medical equipment due to this condition  
Describe:

N/A



I have functional limitations due to this condition (for example: I can't run or squat)  
Describe:

N/A



I had surgery for this condition  
Date of surgery:

January 2012

I have been told I may need surgery in the future for this condition  
Describe:

N/A



I had physical therapy in the past six months for this condition  
Date of last session:

January 2012

I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms or pain

for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis) in relation to, or for any reason sought medical care for the **Foot or Ankle**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

- Left
- Right
- Both

I have had more than one episode of this condition in my lifetime  
(which diagnosis (es) and dates)

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

### Add a symptom

I require medication either daily or as needed for this condition (Include pain medications)

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require ongoing medical treatment for this condition

Describe:

N/A

I require a brace or other medical equipment due to this condition

Describe:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)

Describe:

N/A

I had surgery for this condition

Date of surgery:

January 2012

I have been told I may need surgery in the future for this condition

Describe:

N/A

I had physical therapy in the past six months for this condition

Date of last session:

January 2012

I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms or pain

for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis) in relation to, or for any reason sought medical care for the **Elbow**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

- Left
- Right
- Both

I have had more than one episode of this condition in my lifetime (which diagnosis (es) and dates)

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

### Add a symptom

I require medication either daily or as needed for this condition (Include pain medications)  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require ongoing medical treatment for this condition  
Describe:

N/A

I require a brace or other medical equipment due to this condition  
Describe:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)  
Describe:

N/A

I had surgery for this condition  
Date of surgery:

January 2012

I have been told I may need surgery in the future for this condition  
Describe:

N/A

I had physical therapy in the past six months for this condition  
Date of last session:

January 2012

I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms or pain

for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis) in relation to, or for any reason sought medical care for the **Arm**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

- Left
- Right
- Both

I have had more than one episode of this condition in my lifetime (which diagnosis (es) and dates)

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

### Add a symptom

I require medication either daily or as needed for this condition (Include pain medications)

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require ongoing medical treatment for this condition

Describe:

N/A

I require a brace or other medical equipment due to this condition

Describe:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)

Describe:

N/A

I had surgery for this condition

Date of surgery:

January 2012

I have been told I may need surgery in the future for this condition

Describe:

N/A

I had physical therapy in the past six months for this condition

Date of last session:

January 2012

I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms or pain

for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis) in relation to, or for any reason sought medical care for the **Leg**

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

Left

Right

Both

I have had more than one episode of this condition in my lifetime  
(which diagnosis (es) and dates)

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)



### Add a symptom

I require medication either daily or as needed for this condition (Include pain medications)

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require ongoing medical treatment for this condition

Describe:

N/A

I require a brace or other medical equipment due to this condition

Describe:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)

Describe:

N/A

I had surgery for this condition

Date of surgery:

January 2012

I have been told I may need surgery in the future for this condition

Describe:

N/A

I had physical therapy in the past six months for this condition

Date of last session:

January 2012

I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms or pain

for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis) in relation to, or for any reason sought medical care for the **Fingers**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had more than one episode of this condition in my lifetime (which diagnosis (es) and dates)

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I currently require ongoing medical treatment for this

condition

Describe:

N/A

I require a brace or other medical equipment due to this condition

Describe:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)

Describe:

N/A

I had surgery for this condition

Date of surgery:

January 2012

I have been told I may need surgery in the future for this condition

Describe:

N/A

I had physical therapy in the past six months for this condition

Date of last session:

January 2012

I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms or pain for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis) in relation to, or for any reason sought medical care for the **Toes**

Please respond to all of the bullet points below.

- How does this condition affect your activities of

daily living/work?

- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had more than one episode of this condition in my lifetime (which diagnosis (es) and dates)

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I currently require ongoing medical treatment for this condition

Describe:

N/A

I require a brace or other medical equipment due to this condition

Describe:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)

Describe:

N/A

I had surgery for this condition

Date of surgery:

January 2012

I have been told I may need surgery in the future for this condition

Describe:

N/A

I had physical therapy in the past six months for this condition

Date of last session:

January 2012

I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms or pain for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis) in relation to, or for any reason sought medical care for **any other muscle, bone, tendon or ligament**

Describe:

N/A

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms

while serving with the Peace Corps?

- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had more than one episode of this condition in my lifetime (which diagnosis (es) and dates)

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I currently require ongoing medical treatment for this condition

Describe:

N/A

I require a brace or other medical equipment due to this condition

Describe:

N/A

I have functional limitations due to this condition (for

example: I can't run or squat)

Describe:

N/A

I had surgery for this condition

Date of surgery:

January 2012

I have been told I may need surgery in the future for this condition

Describe:

N/A

I had physical therapy in the past six months for this condition

Date of last session:

January 2012

I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms or pain for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Gout (If you have already answered questions on this condition in another body system, do not check this box)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

I have/had symptoms due to this condition

Symptom:

Does this symptom affect your daily life?

Severity:

**Mild**

Frequency:

**Daily**

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either daily or as needed for this condition (Include pain medications)

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

The cause of this condition is known

List:

N/A

I have had more than one episode of this condition in my lifetime

I have had laboratory testing (such as uric acid levels) or diagnostic testing (such as MRI or X-Ray) in the past 6 months due to this condition

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:



Diagnosis: Osteoporosis (decreased bone mass with increased risk for bone fracture)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition (Include pain medications)

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)  
List medication and describe reason for change:

N/A

I am post-menopausal  
Year of last menses:

January 2012

I have had a spontaneous stress fracture in my  
lifetime due to this condition  
date (s), location (s) of fracture:

N/A

I currently require ongoing medical treatment for this  
condition, such as periodic injections directly into a joint  
Describe:

N/A

I have functional limitations due to this condition (for  
example: I can't run or squat)  
Describe:

N/A

I had surgery due to this condition  
I have been told I need, or may need, surgery in the  
future due to this condition  
(Describe):

N/A

I have had diagnostic testing (such as an MRI or X-  
Ray) in the past 6 months due to this condition

Diagnosis: Osteopenia (low bone mass):

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition

that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition (Include pain medications)

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I am post-menopausal

Year of last menses:

January 2012

I have had a spontaneous stress fracture in my lifetime due to this condition

date (s), location (s) of fracture:

N/A

I currently require ongoing medical treatment for this condition, such as periodic injections directly into a joint  
Describe:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)  
Describe:

N/A

I had surgery due to this condition  
I have been told I need, or may need, surgery in the future due to this condition  
(Describe):

N/A

I have had diagnostic testing (such as an MRI or X-Ray) in the past 6 months due to this condition

Diagnosis: Degenerative Disc Disease (changes to the spinal discs)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either daily or as needed for this condition (Include pain medications)

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I sometimes experience numbness or pain in my leg or arm because of a compressed nerve in my neck or back.

I am post-menopausal

Year of last menses:

January 2012

I have had a spontaneous stress fracture in my lifetime due to this condition  
date (s), location (s) of fracture:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)

Describe:

N/A

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition  
(Describe):

N/A

I have had diagnostic testing (such as an MRI or X-Ray) in the past 6 months due to this condition

Diagnosis: Degenerative Joint Disease (Osteoarthritis)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition (Include pain medications) Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)  
List medication and describe reason for change:

N/A

I sometimes experience numbness or pain in my leg or arm because of a compressed nerve in my neck or back.

I am post-menopausal  
Year of last menses:

January 2012

I have had a spontaneous stress fracture in my lifetime due to this condition  
date (s), location (s) of fracture:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)  
Describe:

N/A

I had surgery due to this condition  
I have been told I need, or may need, surgery in the future due to this condition  
(Describe):

N/A

I have had diagnostic testing (such as an MRI or X-Ray) in the past 6 months due to this condition

Diagnosis: Scoliosis (curvature of the spine)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?

- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition (Include pain medications) Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication) List medication and describe reason for change:

N/A

I currently require ongoing medical treatment for this condition Describe:

N/A



I have functional limitations due to this condition (for example: I can't run or squat)

Describe:

N/A

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition (Describe):

N/A

I have had physical therapy for this condition

Date of last therapy:

January 2012

I have had diagnostic testing (such as an MRI or X-Ray) in the past 6 months due to this condition

This condition is resolved without symptoms or pain for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Kyphosis (bowing of the spine)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition (Include pain medications)

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I currently require ongoing medical treatment for this condition

Describe:

N/A

I have functional limitations due to this condition (for example: I can't run or squat)

Describe:

N/A

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

(Describe):

N/A

I have had physical therapy for this condition

Date of last therapy:

January 2012

I have had diagnostic testing (such as an MRI or X-Ray) in the past 6 months due to this condition

This condition is resolved without symptoms or pain for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Any other any muscle, bone, tendon or ligament symptom, diagnosed condition or orthopedic surgery not previously listed for which you have sought medical attention in the past 2 years.

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I was given a diagnosis for my symptoms

Date of diagnosis:

January 2012

(Describe):

N/A

I do not know the name of condition causing my symptoms or or I have not been given a diagnosis (Date of initial symptoms)

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I require medication either daily or as needed for this condition (Include pain medications)

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A



My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A



I currently require ongoing medical treatment for this condition (including transfusions)

List medication and describe reason for change:

N/A



I have had blood tests or other diagnostic testing (such as a Ultrasound) in the past year due to this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

(Describe):

N/A



I have had diagnostic testing (such as an MRI or X-Ray) in the past 6 months due to this condition

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## INFECTIOUS DISEASE

### (Conditions of Infectious Process)

**In my lifetime I have been diagnosed with:**

Human Immunodeficiency Virus (HIV).

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition?

January 2012

Hepatitis C.

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition?

January 2012

I have had a positive PPD and completed a full course of medication for latent Tuberculosis.

Date medication completed

January 2012

When was the last time you saw a Health Care provider for this condition?

January 2012

I have had a positive PPD and have not been treated for Tuberculosis.

Date

January 2012

Reason not given treatment

N/A

When was the last time you saw a Health Care provider for this condition?

January 2012

In **the past two years** I have seen a Primary Care Physician or Infectious Disease Specialist for an Infectious Disease (If you're unsure,

click here for a list of conditions)

I have not seen a doctor in the **past two years** for any Infectious Disease. If checked skip all the questions below.

Date	Reason	
January 2012	N/A	Delete

[Add a visit](#)

**Check all conditions that apply**

Diagnosis: Any Sexually Transmitted Disease for which you have sought medical attention in the past two years.

Actual diagnosis (check all that apply)

Genital Herpes Simplex

Date

January 2012

Syphilis

Date

January 2012

Gonorrhea

Date

January 2012

Chlamydia

Date

January 2012

Chancroid

Date

January 2012

Trichomoniasis

Date

January 2012

Condyloma

Date

January 2012

Diagnosis: Lyme Disease

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the

Peace Corps?

- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic test (such as Ultrasound) in **the past six months** due to this condition.

I have other body system(s) involvement due to this condition (such as joint pain)

It is recommended by my health professional that I see a physician for specialized monitoring or follow up due to this condition

Describe

N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution

January 2012

Diagnosis: Hepatitis (inflammation of the liver)  
(If you have already answered questions on this condition in another body system, do not check this box)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

**Actual diagnosis (check at least one box below)**

Hepatitis A

Date

January 2012

Hepatitis B (Refers to the disease and NOT to immunization Hep B series)

Date

January 2012

Hepatitis C

Date

January 2012

I don't know what kind of Hepatitis I had  
Date



January 2012

The cause of this condition is known and can be prevented

Describe

N/A

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic test (such as CT Scan or Ultrasound) in **the past six months** due to this condition.

I require regular blood tests to monitor the status of my liver function

Date of last test

January 2012

I have been to an emergency room or urgent care center or have been hospitalized in **the past two years** due to this condition.

It is recommended by my health professional that I see a physician for specialized monitoring or follow up due to this condition

Describe

## Sitemap

- Introduction
- HIPAA Signature
- Opening Questions
- Allergy
- Cardiovascular
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- Endocrinology

- Ear, Nose, Throat
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- Respiratory
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- Ophthalmology
- Mental Health
- Closing Questions
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- Verification
- Signature

N/A

/

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution

January 2012

Diagnosis: Any other Infectious Disease condition or symptom **not previously listed** for which you have sought medical attention in the **past two years**(does **not** include self limiting conditions such as a cold, flu or simple infections)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

/

**Actual diagnosis (check one box below)**

I was given a diagnosis for my symptoms

Date

January 2012

List diagnosis

N/A

/

I don't know the name of condition causing my symptoms or I have not been given a diagnosis

Date of initial symptoms

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication **in the past three months** (either stopped or started a medication or changed the dosage of a current medication)

List reason for change

N/A

I have had blood tests or other diagnostic test (such as Ultrasound) in **the past six months** due to this condition.

I had surgery due to this condition.

I have been told I need, or may need, surgery **in the future** due to this condition

Describe

N/A

I have been to an emergency room or urgent care center or have been hospitalized

in **the past two years** due to this condition.

It is recommended by my health professional that I see a physician for specialized monitoring or follow up due to this condition

Describe

N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution

January 2012

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**Have you had any of these conditions in your lifetime?  
(Check all that apply)**

## HEMATOLOGY

### (Conditions of the Blood)

My spleen has been removed

Date:

January 2012

Reason for removal

N/A

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

A G6PD deficiency (if you do not know, do not check this box)

Essential (Primary) Thrombocythemia

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition?

January 2012

Polycythemia Vera

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition?

January 2012

Agnogenic Myeloid Metaplasia

Date of diagnosis:

When was the last time you saw a Health Care provider for this condition?

Myelofibrosis

Date of diagnosis:

When was the last time you saw a Health Care provider for this condition?

Sickle Cell, Thalassemia, Hemoglobin C or SC DISEASE NOT TRAIT

Date of diagnosis:

When was the last time you saw a Health Care provider for this condition?

Hemophilia

Date of diagnosis:

When was the last time you saw a Health Care provider for this condition?

Hemochromatosis

Date of diagnosis:

When was the last time you saw a Health Care provider for this condition?

Lymphoma (Hodgkin Disease, Non-Hodgkin Lymphomas, Multiple Myeloma)

Date of diagnosis:

When was the last time you saw a Health Care provider for this condition?

**Hemolytic Anemia (breakdown of red blood cells due to a disease process)**

Diagnosis: Auto-Immune Hemolytic Anemia

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) or injectable (shots) medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require ongoing medical treatment for this condition (including transfusions)

Description:

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication) List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing in the past 6 months due to this condition

I have been to an emergency room or urgent care center or have been hospitalized in the past

2 years because of this condition

It is recommended by my health professional that I see a Hematologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Hereditary Hemolytic Anemia

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)



**Add a symptom**

I require oral (by mouth) or injectable (shots) medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require ongoing medical treatment for this condition (including transfusions)

Description:

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing in the past 6 months due to this condition

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Hematologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Other Hemolytic Anemia

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?

- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I require oral (by mouth) or injectable (shots) medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require ongoing medical treatment for this condition (including transfusions)

Description:

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication) List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing in the past 6 months due to this condition

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Hematologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: A condition that stops the blood from clotting and results in abnormal or frequent bleeding

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I was given a diagnosis for my symptoms  
Date of initial symptoms

January 2012

List diagnosis

N/A

I do not know the name of condition causing my symptoms or I have not been given a diagnosis

Date of initial symptoms

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require oral (by mouth) or injectable (shots) medication either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require ongoing medical treatment for this condition (including transfusions)  
Description:

N/A

I am currently experiencing times of abnormal bleeding due to this condition (for example after dental procedures, or frequent nose bleeds)  
Describe:

N/A

I bruise easily and frequently due to this condition  
Describe:

N/A

have heavy menstrual cycles that sometimes restrict my ability to meet daily life demands  
Describe:

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing in the past 6 months due to this condition

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Hematologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

**YOU MUST CHECK ONE OF THE STATEMENTS BELOW**

In the past two years I have seen a Primary Care Physician or Hematologist for a blood condition (If you are unsure, click here for a list of conditions)

I have not seen a doctor in the past two years for any blood condition.If checked skip all the questions below.

**List date(s)/reason(s) for all visits in the past 2 years**

Date	Reason	
January 2012	N/A	Delete

[Add a visit](#)

**Please check all conditions that apply.**

Diagnosis: Iron Deficiency Anemia

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?

- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) or injectable (shots) medication either daily or as needed for this condition. Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I am not able to self administer prescribed injections

I follow a special diet due to having this condition

Description:

N/A

I currently require ongoing medical treatment for this condition (including transfusions)

Description:

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)  
List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing in the past 6 months due to this condition

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Hematologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Megaloblastic or Pernicious Anemia (B-12 and/or Folate Deficiency)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

I have/had symptoms due to this condition

Symptom:

Does this symptom affect your daily life?

Severity:

**Mild**

Frequency:

**Daily**

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) or injectable (shots) medication either daily or as needed for this condition. Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I am not able to self administer prescribed injections

I follow a special diet due to having this condition

Description:

N/A

I currently require ongoing medical treatment for this condition (including transfusions)

Description:

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing in the past 6 months due to this condition

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition



It is recommended by my health professional that I see a Hematologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Aplastic Anemia (decreased stem cell production)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require oral (by mouth) or injectable (shots) medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I am not able to self administer prescribed injections  
I follow a special diet due to having this condition  
Description:

N/A

I currently require ongoing medical treatment for this condition (including transfusions)  
Description:

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)  
List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing in the past 6 months due to this condition

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Hematologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Anemia caused by another condition (kidney disease for example)  
Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

List diagnosis

N/A

I was given a diagnosis for my symptoms  
Date of diagnosis:

January 2012

(Describe):

N/A

I do not know the name of condition causing my symptoms or or I have not been given a diagnosis  
(Date of initial symptoms)

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence: January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) or injectable (shots) medication either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I am not able to self administer prescribed injections  
I follow a special diet due to having this condition  
Description:

N/A

I currently require ongoing medical treatment for this condition  
(including transfusions)  
Description:

N/A

My doctor changed my medication in the past 3 months (either  
stopped or started a medication or changed the dosage of a current  
medication)  
List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing in the past 6  
months due to this condition  
I have been to an emergency room or urgent care center or have  
been hospitalized in the past 2 years because of this condition  
It is recommended by my health professional that I see a  
Hematologist for specialized monitoring or follow up for this condition.  
Description:

N/A

This condition is resolved without symptoms for over a year, I  
have no restrictions or limitations due to this condition and it requires  
no further follow up  
Date of resolution:

January 2012

Diagnosis: Anemia caused by blood loss (bleeding ulcer for  
example)

List diagnosis

N/A

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) or injectable (shots) medication either daily or as needed for this condition. Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I am not able to self administer prescribed injections

I follow a special diet due to having this condition

Description:

N/A

I currently require ongoing medical treatment for this condition (including transfusions)

Description:

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing in the past 6 months due to this condition

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Hematologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: A bleeding problem due a specific medication

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

List medications

N/A

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I have/had symptoms due to this condition

Symptom: 

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I require oral (by mouth) or injectable (shots) medication either daily or as needed for this condition. Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require ongoing medical treatment for this condition (including transfusions)

Description:

N/A

I am currently experiencing times of abnormal bleeding due to this condition (for example after dental procedures, or frequent nose bleeds)

Describe:

N/A

I bruise easily and frequently due to this condition

Describe:

N/A

have heavy menstrual cycles that sometimes restrict my ability to meet daily life demands

Describe:

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing in the past 6 months due to this condition

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Hematologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Any condition of the Spleen

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.



N/A

Date of diagnosis:

January 2012

List diagnosis

N/A

I do not know the name of condition causing my symptoms or or I have not been given a diagnosis (Date of initial symptoms)

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I have had blood tests or another diagnostic test in the past 6 months due to this condition

My spleen was/is enlarged and the cause of this is known

Describe:

N/A

My spleen was removed

Describe:

January 2012

The reason my spleen was removed is known

Describe:

N/A

I have had blood tests or other diagnostic testing in the past 6 months due to this condition

I have been told I need, or may need, surgery in the future due to this condition

(Describe):

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Hematologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Diagnosis: Any other symptom, diagnosed condition or surgery of the blood not previously listed for which you have sought medical attention in the past 2 years

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition

that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I was given a diagnosis for my symptoms  
Date of diagnosis:

January 2012

(Describe):

N/A

I do not know the name of condition causing my symptoms or or I have not been given a diagnosis  
(Date of initial symptoms)

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication in the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I currently require ongoing medical treatment for this condition (including transfusions)

List medication and describe reason for change:

N/A

I have had blood tests or other diagnostic testing (such as an Ultrasound) in the past year due to this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

(Describe):

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see a Hematologist for specialized monitoring or follow up for this condition.

Description:

N/A

This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

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## CHECK ANY TRUE STATEMENT BELOW

### GYNECOLOGY

#### (Conditions of the Female Breast and Female Reproductive Tract)

I am male

I am female

The Peace Corps offers routine Mammogram screenings for women who are 50 years of age or older during their service. Not all countries have the capabilities to provide routine screening Mammograms. You must check one option below.

I will be 50 years of age or older **during the time of my Peace Corps service**. I would like to have a routine Mammogram Screening during my service.

I will be 50 years of age or older **during the time of my Peace Corps service**. I would like to waive my routine Mammogram while in service. I realize that if I have risk factors or if my physician is in disagreement with this decision, I will be offered routine Mammogram screenings.

I will be under 50 years of age **during the time of my Peace Corps service**.

I have had a Mammogram

Date NEXT Mammogram is due

January, 2012

I'm currently on birth control

Note: Peace Corps will prescribe generic equivalents for most medications. Some methods of contraception are not available in many countries. These are noted below.

Oral Contraceptive

List

N/A

Seasonale

Depo Provera Injections (Note: It is unlikely Peace Corps will have access to this method of contraception)

Date of last injection

January, 2012

Nuva Ring (Note: it is unlikely Peace Corps will have access to this method of contraception)

Cervical Cap (Note: Peace Corps does not support this method of contraception)

Date of initial use

January, 2012

Diaphragm (Note: It is unlikely Peace Corps will have access to replacing a diaphragm)

Intrauterine Device(IUD)

Type

N/A

Date of insertion

January, 2012

Implanon (Note: Peace Corps does not support this method of contraception)

Date of insertion

January, 2012

Birth Control Patch (Note: It is unlikely Peace Corps will have access to replacing a birth control patch)

Date

January, 2012

Name of Patch

N/A



Other

List

N/A



**Check all that apply:**

I have not had a PAP test in my lifetime

I have had a PAP test in my lifetime

PAP completely normal and next PAP is due

PAP mildly abnormal and requires a follow up PAP

PAP was abnormal and I had a colonoscopy and biopsy

I required a LEEP procedure in the past 1 year

I was positive for HPV (Human Papilloma Virus)

I don't know my HPV status

It is recommended by my health professional that I see a Gynecologist for specialized monitoring or follow up due to the results of my most recent PAP Describe

N/A



Date NEXT PAP is due

January, 2012

I have had a breast implants

Type of implant

N/A



Date of surgery

January, 2012

**YOU MUST CHECK ONE OF THE STATEMENTS BELOW**

In the past two years I have seen a Primary Care Physician or Gynecologist for a condition of the female breast and/or female reproductive organs (If you're unsure, click here for a list of conditions that may require a visit for these types of conditions)

I have not seen a doctor in the **past two years** for any condition of the female breast or female reproductive tract. If checked skip all the questions below.

Date	Reason	
January 2012	N/A	Delete

Add a visit

Diagnosis: Breast Lump

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition.

Symptom:

Does this symptom affect your daily life?  
Severity:

Mild

Frequency:

Daily

Date of last occurrence:

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I have had ultrasound test for this condition and **it was abnormal and requires further follow up**

I have had ultrasound test for this condition and **it was either normal or does not require further follow up**

I have had surgery or biopsy for this condition and **it was abnormal and requires further follow up**

I have had surgery or biopsy for this condition and **it was either normal or does not require further follow up**

I have been told I need, or may need, surgery **in the future** due to this condition

Describe

N/A

Date

It is recommended by my health professional that I see a Gynecologist for specialized monitoring or follow up for this condition. **Do NOT check this box for regular visits to the doctor for routine PAP or Mammogram visits**

Describe

N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution

January 2012

Diagnosis: Fibrocystic Breasts

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence: January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I have had ultrasound test for this condition and **it was abnormal and requires further follow up**

I have had ultrasound test for this condition and **it was either normal or does not require further follow up**

I have had surgery or biopsy for this condition and **it was abnormal and requires further follow up**

I have had surgery or biopsy for this condition and **it was either normal or does not require further follow up**

I have been told I need, or may need, surgery **in the future** due to this condition

Describe

N/A

Date

January 2012

It is recommended by my health professional that I see a Gynecologist for specialized monitoring or follow up for this condition. **Do NOT check this box for regular visits to the doctor for routine PAP or Mammogram visits**



Describe  
N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution

January 2012

Diagnosis: Symptom: Abnormal Menses (no bleeding, infrequent bleeding, heavy bleeding, or painful bleeding)

**Please check all that apply**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

No bleeding or menses

Date of initial symptoms

January 2012

Abnormal

Date of last menses

January 2012

Heavy

Date of last menses

January 2012

Painful

Date of last menses

January 2012

I was given a diagnosis for my symptoms

Date of diagnosis:

January 2012

List diagnosis

N/A

The condition causing my symptoms is not known and I do not have a diagnosis

Date of initial symptoms

January 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.  
N/A

I am peri-menopausal or menopausal  
The cause of my condition is known  
Describe  
N/A

The cause of my condition is not known  
I have had blood tests or other diagnostic test (such as Ultrasound) in **the past six months** due to this condition.  
I had surgery for this condition in **the past two years** due to this condition.  
Date

I have been told I need, or may need, surgery in **the future** due to this condition.  
It is recommended by my health professional that I see a Gynecologist for specialized monitoring or follow up for this condition. **Do NOT check this box for regular visits to the doctor for routine PAP or Mammogram visits**  
Describe  
N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution

Diagnosis: Polycystic Ovarian Disease (PCOS)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence: January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition. Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within **past 3 months**(either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change

N/A

My symptoms can sometimes affect my ability to meet my activities of daily living.

I have had blood tests or other diagnostic test (such as Ultrasound) in **the past six months** due to this condition.

I had surgery for this condition in **the past two years** due to this condition.

Date

January 2012

I have been told I need, or may need, surgery **in the future** due to this condition

Describe

N/A

I have been to an emergency room or urgent care center or have been hospitalized in **the past two years** due to this condition.

It is recommended by my health professional that I see a Gynecologist for specialized monitoring or follow up for **this condition(do not check this for need for regular PAP screening visits)**

Describe

N/A

Diagnosis: Pelvic Inflammatory Disease

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence: January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had this condition **more than twice** in my lifetime  
List dates

N/A

I still have pelvic pain because of this condition

I had an abscess (a swollen area containing pus) in my fallopian tube or ovary because of this condition

I have had blood tests or other diagnostic test (such as Ultrasound) in **the past six months** due to this condition.

I had surgery for this condition in **the past two years** due to this condition.

I have been told I need, or may need, surgery **in the future** due to this condition

Describe

N/A

I have been to an emergency room or urgent care center or have been hospitalized in **the past two years** due to this condition.

It is recommended by my health professional that I see a

Gynecologist for specialized monitoring or follow up for this condition. **Do NOT check this box for regular visits to the doctor for routine PAP or Mammogram visits**

Describe

N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution

January 2012

Diagnosis: Ovarian Cyst(s)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence: January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within **past 3 months**(either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change

N/A

I have had this condition **more than once** in my lifetime  
List dates

N/A

I have had blood tests or other diagnostic test (such as  
Ultrasound) in **the past six months** due to this condition.

I had surgery for this condition in **the past two years** due to this  
condition.

I have been told I need, or may need, surgery **in the future** due  
to this condition  
Describe

N/A

I have been to an emergency room or urgent care center or have  
been hospitalized in **the past two years** due to this condition.

It is recommended by my health professional that I see a  
Gynecologist for specialized monitoring or follow up for this  
condition. **Do NOT check this box for regular visits to the doctor for  
routine PAP or Mammogram visits**

Describe

N/A

This condition is resolved without symptoms **for over a year**, I  
have no restrictions or limitations due to this condition and it requires  
no further follow up

Date of resolution

January 2012

Diagnosis: Endometriosis (Uterine lining growing outside of uterus)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence: 

Is this an ongoing symptom?:

[Delete symptom](#)[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently use or have used GnRH agonists, for example, Lupron; progestins, for example, medroxyprogesterone, or androgens, for example, danazol for this condition

My doctor changed my medication within **past 3 months**(either stopped or started a medication or changed the dosage of a current medication)  
List medication and describe reason for change

N/A

I have had blood tests or other diagnostic test (such as Ultrasound) in **the past six months** due to this condition.

I had surgery for this condition

I have been told I need, or may need, surgery **in the future** due to this condition  
Describe

N/A

I have been to an emergency room or urgent care center or have been hospitalized in **the past two years** due to this condition.

It is recommended by my health professional that I see a Gynecologist for specialized monitoring or follow up for this condition.**Do NOT check this box for regular visits to the doctor for routine PAP or Mammogram visits**

Describe

N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution

Diagnosis: Endometrial Hyperplasia (Excessive proliferation of the uterine lining)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your

ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence: January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently use or have used GnRH agonists, for example, Lupron; progestins, for example, medroxyprogesterone, or androgens, for example, danazol for this condition

My doctor changed my medication within **past 3 months**(either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change

N/A

I have had blood tests or other diagnostic test (such as Ultrasound) in **the past six months** due to this condition.

I had surgery for this condition

I have been told I need, or may need, surgery **in the future** due to this condition

Describe

N/A

I have been to an emergency room or urgent care center or have been hospitalized in **the past two years** due to this condition.

It is recommended by my health professional that I see a Gynecologist for specialized monitoring or follow up for this condition.**Do NOT check this box for regular visits to the doctor for routine PAP or Mammogram visits**

Describe

N/A



This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution

January 2012

Diagnosis: Any **gynecological symptom, diagnosed condition or gynecological surgery not previously listed** that you should have sought medical attention in **the past two years**.(Excluding easily treated sexually transmitted disease)

**Actual Diagnosis**(check one box below)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I was given a diagnosis for my symptoms  
Date of initial symptoms

January 2012

List diagnosis

N/A

I do not know the name of condition causing my symptoms or I have not been given a diagnosis

Date of initial symptoms

January 2012

I have/had symptoms due to this condition.

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence: January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within **past 3 months**(either stopped or started a medication or changed the dosage of a current medication)  
List medication and describe reason for change

N/A

I have had blood tests or other diagnostic test (such as Ultrasound) in **the past six months** due to this condition.

I had surgery for this condition

I have been told I need, or may need, surgery **in the future** due to this condition

Describe

N/A

I have been to an emergency room or urgent care center or have been hospitalized in **the past two years** due to this condition.

It is recommended by my health professional that I see a Gynecologist for specialized monitoring or follow up for this condition.**Do NOT check this box for regular visits to the doctor for routine PAP or Mammogram visits**

Describe

N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution

January 2012

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### CHECK ANY TRUE STATEMENT BELOW

## RESPIRATORY

### (Conditions of Breathing and the Lungs)

#### ***In my lifetime I have had:***

Chronic Obstructive Pulmonary Disease (COPD)

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition?

January 2012

Emphysema

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition?

January 2012

Pulmonary Embolism

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition?

January 2012

Sarcoidosis of the lungs **and** take steroids for this condition

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition?

January 2012

Cystic Fibrosis

Date of diagnosis:

January 2012

When was the last time you saw a Health Care provider for this condition?

January 2012

### YOU MUST CHECK ONE OF THE STATEMENTS BELOW

In **the past two years** I have seen a Primary Care Physician, Allergist or Pulmonologist for a lung condition.(If you're unsure, click here for a list of conditions)

I have not seen a doctor in the **past two years** for any lung condition.

Date	Reason	
January 2012	N/A	Delete

[Add a visit](#)

Diagnosis: Asthma

My Asthma is triggered by (Check all that apply):

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Exercise

Date of last symptoms

January 2012

Extreme hot or cold

List

N/A

Date of last symptoms

January 2012

Animal Dander

List triggers

N/A

Date of last symptoms

January 2012

Dust, Mold, and/or Pollen

List triggers

N/A

Date of last symptoms

January 2012

Seasonal Changes  
Date of last symptoms

January 2012

Other  
List triggers  
N/A

Date of last symptoms

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication **in the past three months** (either stopped or started a medication or changed the dosage of a current medication)

List reasons

N/A

This condition sometimes impacts on my ability to perform my activities of daily living

I have another respiratory or cardiac

diagnosis that contributes to the symptoms in this condition

My symptoms wake me up more than four times per month

I have had diagnostic testing (such as pulmonary function tests) due to this condition **in the past two years**

I have been to an emergency room or urgent care center or have been hospitalized **in the past five years** because of this condition.

Date

January 2012

It is recommended by my health professional that I see a Pulmonologist (a physician specialized in caring for respiratory conditions) for specialized monitoring or follow up for this condition.

Describe

N/A

This condition is intermittent, triggered by a specific allergen and requires infrequent use of an inhaler.

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution

January 2012

Diagnosis: Bronchiectasis (widening of the airways)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had this condition more than once in **the past five years**

List dates

N/A

I have missed work/school more than once in **the past five years** due to this condition.

I have had diagnostic testing (such as pulmonary function tests) due to this condition **in the past two years**

I have been to an emergency room or urgent care center or have been hospitalized **in my lifetime** because of this condition.

Date

January 2012

It is recommended by my health professional that I see a Pulmonologist (a physician specialized in caring for respiratory conditions) for specialized monitoring or follow up for this condition.

This condition is resolved without

symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution

January 2012

Diagnosis: Pneumonia (inflammation of the lungs)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.



N/A

I have had this condition more than once in **the past five years**  
List dates

N/A

I have missed work/school more than once in **the past five years** due to this condition.

I have had diagnostic testing (such as pulmonary function tests) due to this condition **in the past two years**

I have been to an emergency room or urgent care center or have been hospitalized **in my lifetime** because of this condition.

Date

January 2012

It is recommended by my health professional that I see a Pulmonologist (a physician specialized in caring for respiratory conditions) for specialized monitoring or follow up for this condition.

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution

January 2012

Diagnosis: Pneumothorax(Partial or total lung collapse)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I have had this condition more than once **in my lifetime**

List dates

N/A

I have another respiratory or cardiac diagnosis that contributes to the symptoms of this condition.

I have had diagnostic testing (such as X-ray) due to this condition **in the past six months**

I had a chest tube due to this condition.

Date of removal

January 2012

I had surgery due to this condition **in the past year**

I was hospitalized **in the past two years** due to this condition

I will need to have specific follow up for this condition over **the next three years**

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution

January 2012

Diagnosis: Sleep Apnea

(Do not complete if you have already completed questions on this condition in another body section)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require the use of a C-PAP machine

This condition sometimes impacts on my ability to perform my activities of daily living.

I have undergone sleep studies **in the past year**

It is recommended by my health professional that I see a Pulmonologist (a physician specialized in caring for respiratory conditions) for specialized monitoring or follow up for this condition.

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution

January 2012

Diagnosis: Bacterial or Viral Respiratory Infections

Actual Diagnosis

N/A

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I will need to have specific follow up for this condition over **the next three years**

Describe why

N/A

This condition is resolved without symptoms, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution

January 2012

Diagnosis: Any other Respiratory symptom, condition or surgery *not previously listed* for which you have sought medical attention in the past two years

I was given a diagnosis for my symptoms

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

List diagnosis

N/A

I do not know the name of condition causing my symptoms or I have not been given a diagnosis

Date of initial symptoms

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had this condition more than once **in my lifetime**

List dates

N/A

My doctor changed my medication in **the past six months** (either stopped or started a medication or changed the dosage of a current medication)

List reason(s) for change

N/A

I have missed work/school more than once in **the past one year** due to this condition.

I have had diagnostic testing (such as pulmonary function tests) due to this condition **in the past two years**

I required Nebulizer treatments **in the past year** due to this condition

I had surgery due to this condition **in the past two years**

I am told I need, or may need, surgery due to this condition **in the next three years**  
List reason(s) for change

N/A

Date

January 2012

I have been to an emergency room or urgent care center or have been hospitalized **in my lifetime** because of this condition.

Date

January 2012

It is recommended by my health professional that I see a Pulmonologist (a physician specialized in caring for respiratory conditions) for specialized monitoring or follow up for this condition.

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution

January 2012

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# Peace Corps

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In my lifetime I have/had:

## UROLOGY AND NEPHROLOGY

### (Conditions of the Urinary Tract, Bladder or Kidney)

Nephrectomy, Solitary or Horseshoe Kidney

Date of diagnosis:

January 2012

When was the last time you saw a health care provider for this condition?

January 2012

Cystic Diseases of the Kidney

Date of diagnosis:

January 2012

When was the last time you saw a health care provider for this condition?

January 2012

Glomerulonephritis

Date of diagnosis:

January 2012

When was the last time you saw a health care provider for this condition?

January 2012

Acute

Chronic

Nephritis, Renal Failure

Date of diagnosis:

January 2012

When was the last time you saw a health care provider for this condition?

January 2012

Acute

Chronic

### YOU MUST CHECK ONE OF THE STATEMENTS BELOW

In the past two years I have seen a Primary Care Physician, Nephrologist, Urologist or other doctor for a urinary tract, bladder or kidney condition. (If you are unsure, click here for a list of condition).

I have not seen a doctor in the **past two years** for any urinary tract, bladder or kidney condition.

### List date(s)/reason(s) for all visits in the past 2 years

Date	Reason



January 2012

N/A

Delete

[Add a visit](#)**Please check all conditions that apply.****Diagnosis: Cystitis (Urinary Tract Infection, Bladder Infection)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had this condition more than once in the last 2 years

List number of times

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as ultrasound) in the past 6 months due to this condition

I have been told my symptoms are caused by interstitial cystitis

I am male and I have an abnormality in the anatomy of my urinary tract that is the cause of my symptoms

I have/had another disease process (such as Reiter's syndrome) that causes this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I will need to see a specialist or have specific follow up for this condition over the next 3 years

Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### Diagnosis: Prostatitis (Prostate Infection)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had this condition more than once in the last 2 years

List number of times

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as ultrasound) in the past 6 months due to this condition

I have been told my symptoms are caused by interstitial cystitis

I am male and I have an abnormality in the anatomy of my urinary tract that is the cause of my symptoms

I have/had another disease process (such as Reiter's syndrome) that causes this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I will need to see a specialist or have specific follow up for this condition over the next 3 years  
Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution:

January 2012

**Diagnosis: Urethritis (Inflammation of the Urethra)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had this condition more than once in the last 2 years

List number of times

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as ultrasound) in the past 6 months due to this condition

I have been told my symptoms are caused by interstitial cystitis

I am male and I have an abnormality in the anatomy of my urinary tract that is the cause of my symptoms

I have/had another disease process (such as Reiter's syndrome) that causes this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I will need to see a specialist or have specific follow up for this condition over the next 3 years

Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### Diagnosis: Cystocele (weakened, stretched bladder)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as ultrasound) in the past 6 months due to this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I will need to see a specialist or have specific follow up for this condition over the next 3 years

Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution:

January 2012

**Diagnosis: Stress Incontinence (loss of urinary control)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for

this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as ultrasound) in the past 6 months due to this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I will need to see a specialist or have specific follow up for this condition over the next 3 years

Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### **Diagnosis: Epididymitis (inflammation or infection of Epididymis)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012



I have/had symptoms due to this condition

Symptom:

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had this condition more than once in my lifetime

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I will need to see a specialist or have specific follow up for this condition over the next 3 years

Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

**Diagnosis: Undescended Testicle**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had this condition more than once in the last 2 years

List number of times

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as ultrasound) in the past 6 months due to this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A



I will need to see a specialist or have specific follow up for this condition over the next 3 years

Describe:

N/A



This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

**Diagnosis: Hydrocele (a fluid-filled sac in the scrotum)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A



Date of diagnosis:

January 2012

I have had this condition more than once in the last 2 years

List number of times

N/A



I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as ultrasound) in the past 6 months due to this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I will need to see a specialist or have specific follow up for this condition over the next 3 years

Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### Diagnosis: Spermatocele (a lump or bulge in the scrotum)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms

while serving with the Peace Corps?

- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had this condition more than once in the last 2 years

List number of times

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as ultrasound) in the past 6 months due to this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I will need to see a specialist or have specific follow up for this condition over the next 3 years  
Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution:

January 2012

**Diagnosis: Variocoele (enlarged veins in the scrotum)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had this condition more than once in the last 2 years

List number of times

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

---

Add a symptom

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as ultrasound) in the past 6 months due to this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I will need to see a specialist or have specific follow up for this condition over the next 3 years

Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### Diagnosis: Testicular Torsion (twisting of the spermatic cord)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.

- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have had this condition more than once in the last 2 years

List number of times

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as ultrasound) in the past 6 months due to this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:



N/A

I will need to see a specialist or have specific follow up for this condition over the next 3 years  
Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution:

January 2012

**Diagnosis: Kidney and/or Urethral Stones**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Kidney(s) affected

- Left
- Right
- Both

Ureter(s) affected

- Left
- Right
- Both

Date of diagnosis:

January 2012

I have had this condition more than once in my

lifetime  
(List dates):  
N/A

I have/had symptoms due to this condition

Symptom:

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as CT Scan) in the past 6 months due to this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I will need to see a specialist or have specific follow up for this condition over the next 3 years

Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

**Diagnosis: Urethral Stricture (Obstruction)**

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Ureter(s) affected

Left

Right

Both

Date of diagnosis:

January 2012

I have had this condition more than once in my lifetime

(List dates):

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as CT Scan) in the past 6 months due to this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I will need to see a specialist or have specific follow up for this condition over the next 3 years

Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### **Diagnosis: Pyelonephritis (infection of the kidney and/or ureters)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Kidney(s) affected

Left

Right

Both

Ureter(s) affected

Left

Right

Both

Date of diagnosis:

January 2012

I have had this condition more than once in my lifetime

(List dates):

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My blood pressure is higher than normal due to this condition

I have had blood tests or other diagnostic testing (such as CT Scan) in the past 6 months due to this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I will need to see a specialist or have specific follow up for this condition over the next 3 years  
Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution:

January 2012

**Diagnosis: Benign Prostatic Hypertrophy (BPH) (enlargement of the prostate gland)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

### Add a symptom

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had blood tests or other diagnostic testing (such as an Ultrasound) in the past 6 months due to this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I will need to see a specialist or have specific follow up for this condition over the next 3 years

Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

### **Diagnosis: Any other Kidney, Bladder, Urinary Tract symptom, condition or surgery of the Genitourinary system not previously listed for which you have sought medical attention in the past 2 years**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I was given a diagnosis for my symptoms  
Date of diagnosis:

January 2012

(Describe):

N/A

The condition causing my symptoms is not known and I do not have a diagnosis  
Date of initial symptoms

January 2012

I have had this condition more than once in the last 2 years  
List dates

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I currently require ongoing medical treatment for this condition  
(Describe)



N/A

I have had blood tests or another diagnostic test (such as CT Scan) in the past 6 months due to this condition

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

Describe:

N/A

I will need to see a specialist or have specific follow up for this condition over the next 3 years

Describe:

N/A

This condition is resolved without symptoms for at least 6 months, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

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### In my lifetime I have had:

## OPHTHALMOLOGY

### (Conditions of the Eye)

#### Macular Degeneration

Date of diagnosis:

January 2012

When was the last time you saw a health care provider for this condition?

January 2012

#### Lattice Degeneration

Date of diagnosis:

January 2012

When was the last time you saw a health care provider for this condition?

January 2012

#### Herpes Simplex Keratitis

Date of diagnosis:

January 2012

When was the last time you saw a health care provider for this condition?

January 2012

#### Irreversible Blindness

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

Left



Right

Both

I was given a diagnosis for the cause of my irreversible blindness  
(Describe):

N/A

The reason for my blindness is not known and I do not have a diagnosis

I require a special accommodation for this condition  
(Describe):

N/A

It is recommended by my health professional that I see an Ophthalmologist for specialized monitoring or follow up for this condition.  
(Describe):

N/A

**YOU MUST CHECK ONE OF THE SELECTIONS BELOW**

I require prescription eye correction (either glasses or contacts) Note: Peace Corps does not support and strongly discourages the use of contact lenses due to conditions of service.

I do not require prescription eye correction.

**YOU MUST CHECK ONE OF THE STATEMENTS BELOW**

In the past two years I have seen a Primary Care Physician or Ophthalmology (eye) specialist for a condition or surgical procedure of the eyes (If you are unsure, click here for a list of conditions)

I have not seen a doctor in the **past two years** for any eye condition.

**List date(s)/reason(s) for all visits in the past 2 years**

Date	Reason	
January 2012	N/A	Delete

[Add a visit](#)

**Check all conditions or symptoms that apply**

I have had Vision Correction Surgery such as Lasik

My surgery was at least 3 months ago and I no longer need any

follow up or post operative care

(Date of surgery)

January 2012

### Diagnosis: Retinal Detachment

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

Left

Right

Both

I had surgery due to this condition in the past 2 years

I have Diabetes

I have been told I need, or may need, surgery in the future due to this condition

(Describe):

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Ophthalmologist for specialized monitoring or follow up for this condition.

(Describe):

N/A

This condition has been resolved for at least 3 months and I have no current eye sight limitations or restrictions

Date of diagnosis:

**Diagnosis: Retinitis Pigmentosa**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

Location:

Left

Right

Both

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition

(Describe):

N/A

I have Diabetes

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Ophthalmologist for specialized monitoring or follow up for this condition.

(Describe):

N/A

This condition has been resolved for at least 3 months and I have no current eye sight limitations or restrictions

Date of diagnosis:

**Diagnosis: Cataracts**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

Left

Right

Both

I do not need surgery at this time

I have some limitation with my eyesight due to this condition (such as night blindness)

(Describe):

N/A

I have been told I need, or may need, surgery in the future due to this condition

(Describe):

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Ophthalmologist for specialized monitoring or follow up for this condition.

(Describe):

N/A

This condition has been resolved for at least 3 months and I have no current eye sight limitations or restrictions

Date of diagnosis:

January 2012

### Diagnosis: Cataract Surgery

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of surgery:

January 2012

Location:

- Left
- Right
- Both

I have some limitation with my eyesight due to this condition (such as night blindness)  
(Describe):

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Ophthalmologist for specialized monitoring or follow up for this condition.  
(Describe):

N/A

This condition has been resolved for at least 3 months and I have no current eye sight limitations or restrictions

Date of diagnosis:

### Diagnosis: Blepharitis (inflammation of the eyelash follicles)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

Location:

- Left
- Right
- Both

I have/had symptoms due to this condition

Symptom:

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A



I have had this condition more than once in my lifetime  
(List dates)

N/A

I have some limitation with my eyesight due to this condition  
(Describe):

N/A

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition  
(Describe):

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Ophthalmologist for specialized monitoring or follow up for this condition.  
(Describe):

N/A

This condition has been resolved for at least 3 months and I have no current eye sight limitations or restrictions

Date of diagnosis:

January 2012

### Diagnosis: Conjunctivitis (inflammation of the conjunctiva)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

- Left
- Right
- Both

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had this condition more than once in my lifetime  
(List dates)

N/A

I have some limitation with my eyesight due to this condition  
(Describe):

N/A

I had surgery due to this condition

I have been told I need, or may need, surgery in the

future due to this condition  
(Describe):

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Ophthalmologist for specialized monitoring or follow up for this condition.  
(Describe):

N/A

This condition has been resolved for at least 3 months and I have no current eye sight limitations or restrictions

Date of diagnosis:

January 2012

**Diagnosis: Chalazion (bump on eyelid due to blocked gland of the eye)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

- Left
- Right
- Both

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

Add a symptom

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

I have had this condition more than once in my lifetime

(List dates)

N/A

I have some limitation with my eyesight due to this condition

(Describe):

N/A

I had surgery due to this condition

I have been told I need, or may need, surgery in the future due to this condition

(Describe):

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Ophthalmologist for specialized monitoring or follow up for this condition.

(Describe):

N/A

This condition has been resolved for at least 3 months and I have no current eye sight limitations or restrictions

Date of diagnosis:

January 2012

**Diagnosis: Hordeolum (infection at the base of the eyelashes)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

- Left
- Right
- Both

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this

condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A



I have had this condition more than once in my lifetime  
(List dates)

N/A



I have some limitation with my eyesight due to this condition  
(Describe):

N/A



I had surgery due to this condition  
I have been told I need, or may need, surgery in the future due to this condition  
(Describe):

N/A



I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Ophthalmologist for specialized monitoring or follow up for this condition.  
(Describe):

N/A



This condition has been resolved for at least 3 months and I have no current eye sight limitations or restrictions  
Date of diagnosis:

January 2012

**Diagnosis: Glaucoma**

Please respond to all of the bullet points below .

- How does this condition affect your activities of

daily living/work?

- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Actual Diagnosis: (check one option below)

Open Angled Glaucoma

Closed Angled Glaucoma

I am not sure which type of Glaucoma

Location:

Left

Right

Both

I know the cause of my Glaucoma

(Describe):

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)  
(List medication and describe reason for change)

N/A

My glaucoma was caused by using steroids and is now resolved

I have had an intraocular pressure reading in the past 6 months that was normal

I have had an intraocular pressure reading in the past 6 months that was high

I have some limitation with my eyesight due to this condition  
(Describe):

N/A

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition  
(Describe):

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Ophthalmologist for specialized monitoring or follow up for this condition.  
(Describe):

N/A

This condition has been resolved for at least 3 months and I have no current eye sight limitations or restrictions

Date of diagnosis:

January 2012

**Diagnosis: Uveitis (inflammation of the eye)**



Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

- Left
- Right
- Both

My condition was caused by a traumatic event (such as being hit in the eye)

(Describe):

N/A

My condition was not caused by a traumatic event

Date of the event:

January 2012

My condition was caused by another disease process I have

(Describe):

N/A

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

Delete symptom

### Add a symptom

I require medication either daily or as needed for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

(List medication and describe reason for change)

N/A

I have some limitation with my eyesight due to this condition  
(Describe):

N/A

I have had this condition more than once in my lifetime

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition

(Describe):

N/A

I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Ophthalmologist for specialized monitoring or follow up for this condition.

(Describe):

N/A

This condition has been resolved for at least 3 months and I have no current eye sight limitations or restrictions

Date of diagnosis:

January 2012

### Diagnosis: Optic Nerve Disease

Please respond to all of the bullet points below .

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

- Left
- Right
- Both

I was given the cause of my optic nerve condition (Describe):

N/A

I do not know the cause of my optic nerve condition  
 I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication {either oral (by mouth), eye drops or intravenously (through a needle directly into the blood stream)} either daily or as needed for this condition  
 Please list any medications you are currently taking for

this condition. Separate individual medications with a comma.

N/A



I have had this condition more than once in my lifetime

List dates

N/A



My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

(List medication and describe reason for change)

N/A



I have some limitation with my eyesight due to this condition

(Describe):

N/A



I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the future due to this condition

(Describe):

N/A



I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Ophthalmologist for specialized monitoring or follow up for this condition.

(Describe):

N/A



This condition has been resolved for at least 3 months and I have no current eye sight limitations or restrictions

Date of diagnosis:

January 2012

**Diagnosis: Pterygium (a noncancerous clear growth located on the top of the eye membrane)**

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Date of diagnosis:

January 2012

Location:

Left  
Right  
Both

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication{ either oral (by mouth) or eye drops} either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or

changed the dosage of a current medication)  
(List medication and describe reason for change)

N/A



I have some limitation with my eyesight due to this condition  
(Describe):

N/A



I had surgery due to this condition in the past 2 years  
I have had this condition more than once in my lifetime  
List dates

N/A



I have been told I need, or may need, surgery in the future due to this condition  
(Describe):

N/A



I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition

It is recommended by my health professional that I see an Ophthalmologist for specialized monitoring or follow up for this condition.

(Describe):

N/A



This condition has been resolved for at least 3 months and I have no current eye sight limitations or restrictions

Date of diagnosis:

January 2012

**Diagnosis: Any other eye symptom, diagnosed condition, or eye surgery not previously listed for which you have sought medical attention in the past 2 years**

Please respond to all of the bullet points below .

- How does this condition affect your activities of

daily living/work?

- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I was given a diagnosis for my symptoms

Date of initial symptoms

January 2012

List diagnosis

N/A

I do not know the name of the condition causing my symptoms or I have not been given a diagnosis

Date of initial symptoms

January 2012

I have/had symptoms due to this condition

Symptom: N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require medication{ either oral (by mouth) or eye drops} either daily or as needed for this condition  
Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or

changed the dosage of a current medication)  
(List medication and describe reason for change)

N/A

The cause of this condition is known and can  
prevented

I have some limitation with my eyesight due to this  
condition  
(Describe):

N/A

I had surgery due to this condition in the past 2 years

I have been told I need, or may need, surgery in the  
future due to this condition  
(Describe):

N/A

I have been to an emergency room or urgent care  
center or have been hospitalized in the past 2 years  
because of this condition

It is recommended by my health professional that I  
see an Ophthalmologist for specialized monitoring or follow  
up for this condition.  
(Describe):

N/A

This condition has been resolved for at least 3  
months and I have no current eye sight limitations or  
restrictions

Date of diagnosis:

January 2012

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# Peace Corps

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• **Diagnosis**

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In my lifetime I have/had:

### MENTAL HEALTH

#### (Conditions of Mental Health)

Please be candid when answering the questions below. There are many assignments where you may be very isolated, or exposed to violence and crime, extreme poverty, or inequitable treatment. In many countries, there is limited access to western-trained mental health professionals and you may not receive adequate support for existing mental health symptoms or new mental health needs.

BiPolar Disorder

Date of diagnosis:

January 2012

Schizophreniform Disorder, Schizophrenia, Schizoaffective Disorder

Date of diagnosis:

January 2012

Hospitalization for mental health

Date:

January 2012

Diagnosis

N/A

Suicide Attempt

Date:

January 2012

Course of Treatment

N/A

Self Injurious Behavior such as cutting, scratching, etc

Date of Symptom Onset:

This is an ongoing behavior

Not a current behavior

Last date of Self Injurious Behavior:

#### Eating Disorder

Date of Symptom Onset:

This is an ongoing behavior

Not a current behavior

Date of diagnosis:

#### Autism Spectrum Disorder

Date of diagnosis:

List Diagnosis

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

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#### Seasonal Affective Disorder requiring placement in a country with adequate sunlight

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any

symptoms while serving with the Peace Corps?

- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Alcoholism or other substance abuse

I have been sober for under 3 years

Date of sobriety:

January 2012

I have been free from drug abuse for under 5 years

Date of last use:

January 2012

**For the questions below, please check any condition for which you either have received mental health counseling within the past three years OR, even if you did not receive mental health counseling, you experienced a symptom in the past three years that lasted longer than two weeks and affected your ability to fully engage in daily activities.**

Mood/or Affect (for example: Depression, Dysthymia, Adjustment Disorder with Depressed Mood)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to

this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Actual Diagnosis (check one box below)

**I was given a diagnosis for my symptoms**

**Date of Diagnosis:**

January 2012

**Diagnosis**

N/A

**I do not know the name of condition causing my symptoms or I have not been given a diagnosis**

**Date of initial symptoms:**

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within

the **past 6 months** (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I received counseling by a mental health professional in the **past 3 years** because of this condition

I will need access to mental health counseling during my service  
Describe:

N/A

I will need mental health medication monitoring during service

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution:

January 2012

Issues such as Panic Attacks, Panic Disorder, Phobia, Obsessive Compulsive Disorder, Generalized Anxiety Disorder

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the **past 6 months** (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I received counseling by a mental health professional in the **past 3 years** because of this condition

I will need access to mental health counseling during my service

Describe:

N/A

I will need mental health medication monitoring during service

This condition is resolved without

symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Anxiety Issues such as Post Traumatic Stress Disorder, Acute Stress Disorder, Adjustment Disorder with Anxious Mood

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Actual Diagnosis (check one box below)

**I was given a diagnosis for my symptoms**

**Date of Diagnosis:**

January 2012

**Diagnosis**

N/A

**I do not know the name of condition causing my symptoms or I have not been given a diagnosis**

**Date of initial symptoms:**

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

↙

My doctor changed my medication within the past 6 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

↙

I received counseling by a mental health professional in the **past 3 years** because of this condition

I will need access to mental health counseling during my service

Describe:

N/A

↙

I will need mental health medication monitoring during service

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Academic (for example: difficulty adjusting to college life, Attention Deficit/Hyperactivity Disorder, Learning Disorders)

Please respond to all of the bullet points



below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Actual Diagnosis (check one box below)

**I was given a diagnosis for my symptoms**

**Date of Diagnosis:**

January 2012

**Diagnosis**

N/A

**I do not know the name of condition causing my symptoms or I have not been given a diagnosis**

**Date of initial symptoms:**

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

One of my medications listed above is Adderall, Ritalin, Concerta or their generic equivalent.

I received counseling by a mental health professional in the **past 3 years** because of this condition

I will need access to mental health counseling during my service

Describe:

N/A

I will need mental health medication monitoring during service

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Personality Concerns (for example: Borderline Personality, Anger Management Problems, Challenges maintaining good working relationships or strong social relationships with others)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace

Corps?

- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Actual Diagnosis (check one box below)

**I was given a diagnosis for my symptoms**

**Date of Diagnosis:**

January 2012

**Diagnosis**

N/A

**I do not know the name of condition causing my symptoms or I have not been given a diagnosis**

**Date of initial symptoms:**

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the **past 6 months** (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I received counseling by a mental health professional in the **past 3 years** because of this condition

I will need access to mental health counseling during my service

Describe:

N/A

I will need mental health medication monitoring during service

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Substance use or abuse (for example: alcohol or drug related problems, including black outs, or heavy drinking patterns, or misuse of illegal or prescription drugs)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Actual Diagnosis (check one box below)

**I was given a diagnosis for my symptoms**

**Date of Diagnosis:**

January 2012

**Diagnosis**

N/A

**I do not know the name of condition causing my symptoms or I have not been given a diagnosis**

**Date of initial symptoms:**

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the **past 6 months** (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I received counseling by a mental health professional in the **past 3 years** because of this condition

I am currently in therapy or mental health counseling or have completed it in the last six months.

It is recommended by my health professional that I see a mental health provider for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

Excessive Dieting or Excessive Exercise(for example: Anorexia, Bulimia, Binging and Purging)

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Actual Diagnosis (check one box below)

**Anorexia**

**Date of diagnosis:**

January 2012

**Bulimia, Binging and Purging**

**I do not know the name of condition causing my symptoms or I have not been given a diagnosis**

**Date of initial symptoms:**

January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the **past 6 months** (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I received counseling by a mental health professional in the **past 3 years** because of this condition

I am currently in therapy or mental health

counseling or have completed it in the last six months.

It is recommended by my health professional that I see a mental health provider for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up  
Date of resolution:

January 2012

Any mental health symptom or diagnosed condition not previously listed

Please respond to all of the bullet points below.

- How does this condition affect your activities of daily living/work?
- What is your plan for managing any symptoms while serving with the Peace Corps?
- Describe your response to all treatments prescribed for this condition.
- Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.

N/A

Actual Diagnosis (check one box below)

**I was given a diagnosis for my symptoms**

**Date of Diagnosis:**

January 2012

**Diagnosis**

N/A

**I do not know the name of condition causing my symptoms or I have not been given a diagnosis**

**Date of initial symptoms:**



January 2012

I have/had symptoms due to this condition.

Symptom:

N/A

Does this symptom affect your daily life?

Severity:

Mild

Frequency:

Daily

Date of last occurrence:

January 2012

Is this an ongoing symptom?:

[Delete symptom](#)

---

[Add a symptom](#)

I require oral (by mouth) or inhaled medication either **daily or as needed** for this condition

Please list any medications you are currently taking for this condition. Separate individual medications with a comma.

N/A

My doctor changed my medication within the **past 6 months** (either stopped or started a medication or changed the dosage of a current medication)

List medication and describe reason for change:

N/A

I received counseling by a mental health professional in the **past 3 years** because of this condition

I am currently in therapy or mental health counseling or have completed it in the last six months.

It is recommended by my health professional that I see a mental health provider for specialized monitoring or follow up for this condition.

Describe:

N/A

This condition is resolved without symptoms **for over a year**, I have no restrictions or limitations due to this condition and it requires no further follow up

Date of resolution:

January 2012

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# Peace Corps

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## CLOSING QUESTIONS

If you believe that you will need any special medical support in connection with any of the conditions you have described in the application to serve as Peace Corps volunteer, please describe the support you may need. Determinations on requests will be made on a case by case basis

N/A

**These questions refer to any conditions for which you have not already provided information.**

Do you have any chronic or active condition(s) for which you have not seen a medical professional in the past two years but for which you will require access to care for this specific condition?

Complete the following for EACH condition:

Condition:

N/A

Date of evaluation for this condition:

January 2012

Recommended treatment:

N/A

Follow up evaluation or diagnostic testing is recommended:

N/A

What support or access to medical care is required:

N/A



Have you had surgery in your lifetime for which you have not seen a medical professional in the past two years but for which you will require access to care for this specific surgical condition?

Complete the following for EACH condition:

Condition:

N/A



Date of evaluation for this condition:

January 2012

Recommended treatment:

N/A



Follow up evaluation or diagnostic testing is recommended:

N/A



What support or access to medical care is required:

N/A



Have you been hospitalized overnight in your lifetime for which you have not seen a medical professional in the past two years but for which you will require access to care for the condition that required hospitalization?

Complete the following for EACH condition:

Condition:

N/A



Date of evaluation for this condition:

January 2012

Recommended treatment:

N/A



Follow up evaluation or diagnostic testing is recommended:

N/A



What support or access to medical care is required:

N/A



Have you sustained a traumatic injury (motor vehicle accident or sports injury for example) in your lifetime, for which you have not seen a medical professional in the past two years but for which you will require access to care specific for this injury?

Complete the following for EACH condition:

Condition:

N/A



Date of evaluation for this condition:

January 2012

Recommended treatment:

N/A



Follow up evaluation or diagnostic testing is recommended:

N/A



What support or access to medical care is required:

N/A



Do you have pain that is either ongoing or intermittent (once in awhile), for which you have not seen a medical professional in the past two years but for which you will require access to care specific for this pain?  
Complete the following for EACH condition:

Condition:

N/A



Date of evaluation for this condition:

January 2012

Recommended treatment:

N/A



Follow up evaluation or diagnostic testing is recommended:

N/A



What support or access to medical care is required:

N/A



Do you have a condition that will require the use of medical equipment, either daily or as needed, should you accept an invitation to serve (please check all that apply even if you have already documented this equipment in the previous questions)

- Insulin Pump
- C-Pap Machine
- Compressive Device
- Wheelchair, cane, walker, crutches
- Hearing aid
- Orthotics
- Any medical device that requires the use

of batteries or electricity for maintenance

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## DiagnosisVerification

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### Musculoskeletal

ID	Question Text	Answer Text
MusculoSkeletalModel.HadOrthopedicSurgery	I have had orthopedic surgery in my lifetime and hardware (pins, rods, joint replacement for example) was left in place.	True
MusculoSkeletalModel.SeenDoctorInLast24Months	In the past two years I have seen a Primary Care Physician, Orthopedic Surgeon or other Health Care Provider (Physical Therapist or Chiropractor for example) for a condition of the Muscle, Bone, Tendon or Ligament.(If you are unsure, click here for a list of conditions)	Yes
MusculoSkeletalModel.BackOrSpineAnswers.DateOfDiagnosis	Date of diagnosis:	1/1/2012
MusculoSkeletalModel.BackOrSpineAnswers.HadDiagnosticTesting	I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results	True
MusculoSkeletalModel.BackOrSpineAnswers.HadFunctionalLimitations	I have functional limitations due to this condition (for example: I can't run or squat)	True
MusculoSkeletalModel.BackOrSpineAnswers.HadPhysicalTherapy	I had physical therapy in the past six months for this condition	True
MusculoSkeletalModel.BackOrSpineAnswers.HadSurgeryInPast2Yrs	I had surgery for this condition	True
MusculoSkeletalModel.BackOrSpineAnswers.HasSymptoms	I have/had symptoms due to this condition	True
MusculoSkeletalModel.BackOrSpineAnswers.MoreThanOnceInLifeTime	I have had more than one episode of this condition in my lifetime	True
MusculoSkeletalModel.BackOrSpineAnswers.NeedSurgeryInFuture	I have been told I may need surgery in the future for	True



	this condition	
MusculoSkeletalModel.BackOrSpineAnswers.NoSymptoms	This condition is resolved without symptoms or pain for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up	True
MusculoSkeletalModel.BackOrSpineAnswers.OpeningQuestion	Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis), or for any reason sought medical care for <b>Back or Spine</b>	True
MusculoSkeletalModel.BackOrSpineAnswers.PersonalStatement	<p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	N/A

## DiagnosisVerification

MusculoSkeletalModel.BackOrSpineAnswers.RequireMedicalEquipment	I require a brace or other medical equipment due to this condition	True
MusculoSkeletalModel.BackOrSpineAnswers.RequireOngoingTreatment	I currently require ongoing medical treatment for this condition	True
MusculoSkeletalModel.BackOrSpineAnswers.SeenInEmergencyRoom	I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition	True
MusculoSkeletalModel.HadOrthopedicSurgery.List	Please list type of surgery or surgeries as well as the date of surgery, reason for surgery, and what hardware was left in place.	N/A
MusculoSkeletalModel.NeckAnswers.DateOfDiagnosis	Date of diagnosis:	1/1/2012
MusculoSkeletalModel.NeckAnswers.HadDiagnosticTesting	I have had diagnostic testing (such as MRI or X-Ray) due to this condition provide results	True
MusculoSkeletalModel.NeckAnswers.HadFunctionalLimitations	I have functional limitations due to this condition (for example: I can't run or squat)	True
MusculoSkeletalModel.NeckAnswers.HadPhysicalTherapy	I had physical therapy in the past six months for this condition	True
MusculoSkeletalModel.NeckAnswers.HadSurgeryInPast2Yrs	I had surgery for this condition	True
MusculoSkeletalModel.NeckAnswers.HasSymptoms	I have/had symptoms due to this condition	True
MusculoSkeletalModel.NeckAnswers.MoreThanOnceInLifeTime	I have had more than one episode of this condition in my lifetime	True
MusculoSkeletalModel.NeckAnswers.NeedSurgeryInFuture	I have been told I may need surgery in the future for this condition	True
MusculoSkeletalModel.NeckAnswers.NoSymptoms	This condition is resolved without symptoms or pain for six months or more, I have no restrictions or limitations due to this condition and it requires no further follow up	True
MusculoSkeletalModel.NeckAnswers.OpeningQuestion	Diagnosis: Any injury, surgery or pain (on a regular or intermittent basis) in relation to, or for any reason sought medical care for the <b>Neck</b>	True

MusculoSkeletalModel.NeckAnswers.PersonalStatement	<p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	N/A
MusculoSkeletalModel.NeckAnswers.RequireMedicalEquipment	I require a brace or other medical equipment due to this condition	True
MusculoSkeletalModel.NeckAnswers.RequireOngoingTreatment	I currently require ongoing medical treatment for this condition	True
MusculoSkeletalModel.NeckAnswers.SeenInEmergencyRoom	I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition	True
	Dianosis: Anv	

## DiagnosisVerification

MusculoSkeletalModel.SkullAnswers.OpeningQuestion	Describe: injury, surgery or pain (on a regular or intermittent basis) in relation to, or for any reason sought medical care for the <b>Skull</b>	True
MusculoSkeletalModel.BackOrSpineAnswers.HadFunctionalLimitations.Description	Describe:	N/A
MusculoSkeletalModel.BackOrSpineAnswers.HadPhysicalTherapy.Date	Date of last session:	1/1/2012
MusculoSkeletalModel.BackOrSpineAnswers.HadSurgeryInPast2Yrs.Date	Date of surgery:	1/1/2012
MusculoSkeletalModel.BackOrSpineAnswers.MoreThanOnceInLifeTime.Dates	(which diagnosis (es) and dates)	N/A
MusculoSkeletalModel.BackOrSpineAnswers.NeedSurgeryInFuture.Description	Describe:	N/A
MusculoSkeletalModel.BackOrSpineAnswers.NoSymptoms.DateOfResolution	Date of resolution:	1/1/2012
MusculoSkeletalModel.BackOrSpineAnswers.RequireMedicalEquipment.Description	Describe:	N/A
MusculoSkeletalModel.BackOrSpineAnswers.RequireOngoingTreatment.Description	Describe:	N/A
MusculoSkeletalModel.BackOrSpineAnswers.Symptoms.AreAnyOngoing		True
MusculoSkeletalModel.NeckAnswers.HadFunctionalLimitations.Description	Describe:	N/A
MusculoSkeletalModel.NeckAnswers.HadPhysicalTherapy.Date	Date of last session:	1/1/2012
MusculoSkeletalModel.NeckAnswers.HadSurgeryInPast2Yrs.Date	Date of surgery:	1/1/2012
MusculoSkeletalModel.NeckAnswers.MoreThanOnceInLifeTime.Dates	(which diagnosis (es) and dates)	N/A
MusculoSkeletalModel.NeckAnswers.NeedSurgeryInFuture.Description	Describe:	N/A
MusculoSkeletalModel.NeckAnswers.NoSymptoms.DateOfResolution	Date of resolution:	1/1/2012
MusculoSkeletalModel.NeckAnswers.RequireMedicalEquipment.Description	Describe:	N/A
MusculoSkeletalModel.NeckAnswers.RequireOngoingTreatment.Description	Describe:	N/A
MusculoSkeletalModel.NeckAnswers.Symptoms.AreAnyOngoing		True

## Allergy

ID	Question Text	Answer Text
AllergyModel.EggsAllergyAnswers.EpiPen	If I experience a reaction, I have Epi-Pen prescribed for my use	True
AllergyModel.EggsAllergyAnswers.OpeningQuestion	Eggs or Egg Protein Allergy	True
AllergyModel.EggsAllergyAnswers.OverTheCounterMedications	If I experience a reaction, my treatment only requires the use of over-the-counter medication	True
	Please respond to all of the bullet points below. <ul style="list-style-type: none"> <li>How does this</li> </ul>	

<p>AllergyModel.EggsAllergyAnswers.PersonalStatement</p>	<p>condition affect your activities of daily living/work?</p> <ul style="list-style-type: none"> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	<p>N/A</p>
<p>AllergyModel.EggsAllergyAnswers.Prescription</p>	<p>If I experience a reaction, my treatment requires a prescription</p>	<p>True</p>
<p>AllergyModel.MilkOrDiaryAllergyAnswers.EpiPen</p>	<p>If I experience a reaction, I have Epi-Pen prescribed for my use</p>	<p>True</p>
<p>AllergyModel.MilkOrDiaryAllergyAnswers.OpeningQuestion</p>	<p>Milk or Dairy Allergy</p>	<p>True</p>
<p>AllergyModel.MilkOrDiaryAllergyAnswers.OverTheCounterMedications</p>	<p>If I experience a reaction, my treatment only requires the use of over-the-counter medication</p>	<p>True</p>
	<p>Please respond to all of the bullet points below.</p>	

<p>AllergyModel.MilkOrDiaryAllergyAnswers.PersonalStatement</p>	<ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	<p>N/A</p>
<p>AllergyModel.MilkOrDiaryAllergyAnswers.Prescription</p>	<p>If I experience a reaction, my treatment requires a prescription</p>	<p>True</p>
<p>AllergyModel.OtherFoodAllergyAnswers.EpiPen</p>	<p>If I experience a reaction, I have Epi-Pen prescribed for my use</p>	<p>True</p>
<p>AllergyModel.OtherFoodAllergyAnswers.OpeningQuestion</p>	<p>Other Food Allergies</p>	<p>True</p>
<p>AllergyModel.OtherFoodAllergyAnswers.OverTheCounterMedications</p>	<p>If I experience a reaction, my treatment only requires the use of over-the-counter medication</p>	<p>True</p>
	<p>Please respond to all of the bullet</p>	

<p>AllergyModel.OtherFoodAllergyAnswers.PersonalStatement</p>	<p>points below .</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	<p>N/A</p>
<p>AllergyModel.OtherFoodAllergyAnswers.Prescription</p>	<p>If I experience a reaction, my treatment requires a</p>	<p>True</p>
<p>AllergyModel.PeanutAllergyAnswers.EpiPen</p>	<p>prescription If I experience a reaction, I have Epi-Pen prescribed for my use</p>	<p>True</p>
<p>AllergyModel.PeanutAllergyAnswers.OpeningQuestion</p>	<p>Peanut or Nut Allergy</p>	<p>True</p>
<p>AllergyModel.PeanutAllergyAnswers.OverTheCounterMedications</p>	<p>If I experience a reaction, my treatment only requires the use of over-the-counter medication</p>	<p>True</p>

<p>AllergyModel.PeanutAllergyAnswers.PersonalStatement</p>	<p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	<p>N/A</p>
<p>AllergyModel.PeanutAllergyAnswers.Prescription</p>	<p>If I experience a reaction, my treatment requires a prescription</p>	<p>True</p>
<p>AllergyModel.PenicillinAllergyAnswers.EpiPen</p>	<p>If I experience a reaction, I have Epi-Pen prescribed for my use</p>	<p>True</p>
<p>AllergyModel.PenicillinAllergyAnswers.OpeningQuestion</p>	<p>Penicillin Allergy</p>	<p>True</p>
<p>AllergyModel.PenicillinAllergyAnswers.OverTheCounterMedications</p>	<p>If I experience a reaction, my treatment only requires the use of over-the-counter medication</p>	<p>True</p>



	medication	
AllergyModel.PenicillinAllergyAnswers.PersonalStatement	Please respond to all of the bullet points below. <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	N/A
AllergyModel.PenicillinAllergyAnswers.Prescription	If I experience a reaction, my treatment requires a prescription	True
AllergyModel.ShellfishAllergyAnswers.EpiPen	If I experience a reaction, I have Epi-Pen prescribed for my use	True
AllergyModel.ShellfishAllergyAnswers.OpeningQuestion	Shellfish Allergy	True
AllergyModel.ShellfishAllergyAnswers.OverTheCounterMedications	If I experience a reaction, my treatment only requires the use of over-the-	True

	counter medication	
AllergyModel.ShellfishAllergyAnswers.PersonalStatement	<p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	N/A
AllergyModel.ShellfishAllergyAnswers.Prescription	If I experience a reaction, my treatment requires a prescription	True
AllergyModel.SulfaAllergyAnswers.OpeningQuestion	Sulfa Allergy	True
AllergyModel.EggsAllergyAnswers.LastReaction.date	Date of last reaction	1/1/2012
AllergyModel.EggsAllergyAnswers.OverTheCounterMedications.list	List	N/A
AllergyModel.EggsAllergyAnswers.Prescription.list	List	N/A
AllergyModel.EggsAllergyAnswers.Reaction.results	Describe your reaction	N/A
AllergyModel.MilkOrDiaryAllergyAnswers.OverTheCounterMedications.list	List	N/A

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AllergyModel.MilkOrDiaryAllergyAnswers.Prescription.list	List	N/A
AllergyModel.OtherFoodAllergyAnswers.OverTheCounterMedications.list	List	N/A
AllergyModel.OtherFoodAllergyAnswers.Prescription.list	List	N/A
AllergyModel.PeanutAllergyAnswers.OverTheCounterMedications.list	List	N/A
AllergyModel.PeanutAllergyAnswers.Prescription.list	List	N/A
AllergyModel.PenicillinAllergyAnswers.LastReaction.date	Date of last reaction	1/1/2012
AllergyModel.PenicillinAllergyAnswers.OverTheCounterMedications.list	List	N/A
AllergyModel.PenicillinAllergyAnswers.Prescription.list	List	N/A
AllergyModel.PenicillinAllergyAnswers.Reaction.results	Describe your reaction	N/A
AllergyModel.ShellfishAllergyAnswers.LastReaction.date	Date of last reaction	1/1/2012
AllergyModel.ShellfishAllergyAnswers.OverTheCounterMedications.list	List	N/A
AllergyModel.ShellfishAllergyAnswers.Prescription.list	List	N/A
AllergyModel.ShellfishAllergyAnswers.Reaction.results	Describe your reaction	N/A
AllergyModel.SulfaAllergyAnswers.Reaction.results	Describe your reaction	N/A

**Cardiovascular**

ID	Ques
CardiologyModel.Bloodthinners	Are you taking <b>blood</b> <b>medi</b> than
CardiologyModel.Cardiomyopathy	Cardi
CardiologyModel.CongestiveHeartFailure	Cong Failure
CardiologyModel.CoronaryArteryDisease	Coron Disea
CardiologyModel.EcgInLast6Months	I have electr in the <b>mont</b>
CardiologyModel.Endocarditis CardiologyModel.HeartAttack	Endo Heart
CardiologyModel.HeartDefect	A <b>Hea</b> prese birth speci
CardiologyModel.OverFifty	I am age c
CardiologyModel.Pacemaker	A Pac
CardiologyModel.PulmonaryEmbolism	Pulmc Embo
CardiologyModel.SeenDoctorInLast24Months	In the years a Prior Physi Cardi heart vesse
CardiologyModel.Surgery	Heart Vesse

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CardiologyModel.Bloodthinners.Meds	Pleas blood medic Sepa indivi medic a con
CardiologyModel.Cardiomyopathy.date	Date
CardiologyModel.CongestiveHeartFailure.date	Date
CardiologyModel.CoronaryArteryDisease.date	Date
CardiologyModel.Endocarditis.date	Date
CardiologyModel.HeartAttack.date	Date
CardiologyModel.HeartDefect.description	Descr
CardiologyModel.LowBloodPressureAnswers.ConditionIsStable	This c stabl norm press past
CardiologyModel.LowBloodPressureAnswers.DateOfDiagnosis	Date
CardiologyModel.LowBloodPressureAnswers.DiagnosticTestsInLast6Months	I hav done mont diagn monit condi includ (such work radiol (such Echoc
CardiologyModel.LowBloodPressureAnswers.HasMedications	I requ medic daily need condi
CardiologyModel.LowBloodPressureAnswers.HasSymptoms	I hav symp this c
CardiologyModel.LowBloodPressureAnswers.IndependentlyMonitoringBloodPressure	I am indep monit blood
CardiologyModel.LowBloodPressureAnswers.MedicationChangedInLast3Months	My dc chang medic the p (eithe starte medic chang dosa curre medic
CardiologyModel.LowBloodPressureAnswers.Medications	Pleas medic are c taking condi Sepa indivi medic a con
CardiologyModel.LowBloodPressureAnswers.MonitoringOrFollowupRecommended	It is recon my he profe see a for sp monit follow condi

CardiologyModel.LowBloodPressureAnswers.OpeningQuestion	Diagn Blood
<p data-bbox="462 871 1144 898">CardiologyModel.LowBloodPressureAnswers.PersonalStatement</p>	<p data-bbox="1481 157 1550 226">Please all of point:</p> <ul style="list-style-type: none"> <li data-bbox="1526 252 1542 273">•</li> <li data-bbox="1526 472 1542 493">•</li> <li data-bbox="1526 829 1542 850">•</li> <li data-bbox="1526 1081 1542 1102">•</li> </ul>
CardiologyModel.LowBloodPressureAnswers.SpecialDietDueToCondition	I follow diet c this c
CardiologyModel.LowBloodPressureAnswers.VisitedEmergencyRoomOrHospitalizedInLast2Years	I have emerge or urg cent been in the years this c
CardiologyModel.Pacemaker.date	Date
CardiologyModel.PulmonaryEmbolism.date	Date
CardiologyModel.Surgery.date	Date

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CardiologyModel.Surgery.type	Type
CardiologyModel.Cardiomyopathy.DoctorLastSeen.date	When last seen by a Health provider
CardiologyModel.CongestiveHeartFailure.DoctorLastSeen.date	When last seen by a Health provider
CardiologyModel.CoronaryArteryDiseaser.DoctorLastSeen.date	When last seen by a Health provider
CardiologyModel.Endocarditis.DoctorLastSeen.date	When last seen by a Health provider
CardiologyModel.HeartAttack.DoctorLastSeen.date	When last seen by a Health provider
CardiologyModel.HeartDefect.DoctorLastSeen.date	When last seen by a Health provider
CardiologyModel.LowBloodPressureAnswers.MedicationChangedInLast3Months.description	List of medication changes for condition
CardiologyModel.LowBloodPressureAnswers.MonitoringOrFollowupRecommended.description	Please indicate if follow-up is required
CardiologyModel.LowBloodPressureAnswers.SpecialDietDueToCondition.description	Description of special diet
CardiologyModel.LowBloodPressureAnswers.Symptoms.AreAnyOngoing	
CardiologyModel.Pacemaker.DoctorLastSeen.date	When last seen by a Health provider
CardiologyModel.PulmonaryEmbolism.DoctorLastSeen.date	When last seen by a Health provider
CardiologyModel.Surgery.DoctorLastSeen.date	When last seen by a Health provider related to surgery

**Closing Questions**

ID	Question Text	Answer Text
	If you believe that you will need any special medical support in connection with any of the	

DiagnosisVerification

ClosingQuestionsModel.MedicalSupportDesc	conditions you have described in the application to serve as Peace Corps volunteer, please describe the support you may need. Determinations on requests will be made on a case by case basis	N/.
ClosingQuestionsModel.ChronicConditionsAnswers.Condition	Condition:	N/.
ClosingQuestionsModel.ChronicConditionsAnswers.DateOfEvaluation	Date of evaluation for this condition:	1/.
ClosingQuestionsModel.ChronicConditionsAnswers.OpeningQuestion	Do you have any chronic or active condition(s) for which you have not seen a medical professional in the past two years but for which you will require access to care for this specific condition?	Tru
ClosingQuestionsModel.ChronicConditionsAnswers.RecommendedFollowUp	Follow up evaluation or diagnostic testing is recommended:	N/.
ClosingQuestionsModel.ChronicConditionsAnswers.RecommendedTreatment	Recommended treatment:	N/.
ClosingQuestionsModel.ChronicConditionsAnswers.RequiredAccessToMedicalCare	What support or access to medical care is required:	N/.
ClosingQuestionsModel.Equipment.CompressiveDevice	Compressive Device	Tru
ClosingQuestionsModel.Equipment.CPapMachine	C-Pap Machine	Tru
ClosingQuestionsModel.Equipment.HearingAid	Hearing aid	Tru
ClosingQuestionsModel.Equipment.InsulinPump	Insulin Pump	Tru
ClosingQuestionsModel.Equipment.Orthotics	Orthotics	Tru
ClosingQuestionsModel.Equipment.Other	Any medical device that requires the use of batteries or electricity for maintenance	Tru
ClosingQuestionsModel.Equipment.WheelchairEtc	Wheelchair, cane, walker, crutches	Tru
ClosingQuestionsModel.HospitalizationsAnswers.Condition	Condition:	N/.
ClosingQuestionsModel.HospitalizationsAnswers.DateOfEvaluation	Date of evaluation for this condition:	1/.
	Have you been hospitalized overnight in your lifetime for which you have not seen a	

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ClosingQuestionsModel.HospitalizationsAnswers.OpeningQuestion	medical professional in the past two years but for which you will require access to care for the condition that required hospitalization?	Tru
ClosingQuestionsModel.HospitalizationsAnswers.RecommendedFollowUp	Follow up evaluation or diagnostic testing is recommended:	N/.
ClosingQuestionsModel.HospitalizationsAnswers.RecommendedTreatment	Recommended treatment:	N/.
ClosingQuestionsModel.HospitalizationsAnswers.RequiredAccessToMedicalCare	What support or access to medical care is required:	N/.
ClosingQuestionsModel.OngoingPainAnswers.Condition	Condition:	N/.
ClosingQuestionsModel.OngoingPainAnswers.DateOfEvaluation	Date of evaluation for this condition:	1/.
ClosingQuestionsModel.OngoingPainAnswers.OpeningQuestion	Do you have pain that is either ongoing or intermittent (once in awhile), for which you have not seen a medical professional in the past two years but for which you will require access to care specific for this pain?	Tru
ClosingQuestionsModel.OngoingPainAnswers.RecommendedFollowUp	Follow up evaluation or diagnostic testing is recommended:	N/.
ClosingQuestionsModel.OngoingPainAnswers.RecommendedTreatment	Recommended treatment:	N/.
ClosingQuestionsModel.OngoingPainAnswers.RequiredAccessToMedicalCare	What support or access to medical care is required:	N/.
ClosingQuestionsModel.SurgeryAnswers.Condition	Condition:	N/.
ClosingQuestionsModel.SurgeryAnswers.DateOfEvaluation	Date of evaluation for this condition:	1/.
ClosingQuestionsModel.SurgeryAnswers.OpeningQuestion	Have you had surgery in your lifetime for which you have not seen a medical professional in the past two years but for which you will require access to care for this specific surgical condition?	Tru
ClosingQuestionsModel.SurgeryAnswers.RecommendedFollowUp	Follow up evaluation or diagnostic testing is	N/.



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	testing is recommended:	
ClosingQuestionsModel.SurgeryAnswers.RecommendedTreatment	Recommended treatment:	N/.
ClosingQuestionsModel.SurgeryAnswers.RequiredAccessToMedicalCare	What support or access to medical care is required:	N/.
ClosingQuestionsModel.TraumaticInjuryAnswers.Condition	Condition:	N/.
ClosingQuestionsModel.TraumaticInjuryAnswers.DateOfEvaluation	Date of evaluation for this condition:	1/.
ClosingQuestionsModel.TraumaticInjuryAnswers.OpeningQuestion	Have you sustained a traumatic injury (motor vehicle accident or sports injury for example) in your lifetime, for which you have not seen a medical professional in the past two years but for which you will require access to care specific for this injury?	Trt
ClosingQuestionsModel.TraumaticInjuryAnswers.RecommendedFollowUp	Follow up evaluation or diagnostic testing is recommended:	N/.
ClosingQuestionsModel.TraumaticInjuryAnswers.RecommendedTreatment	Recommended treatment:	N/.
ClosingQuestionsModel.TraumaticInjuryAnswers.RequiredAccessToMedicalCare	What support or access to medical care is required:	N/.

## Dermatology

ID	Question Text	Answer Text
DermatologyModel.SeenDoctorInLast24Months	In the past two years I have seen a Primary Care Physician or Dermatologist for a skin condition. (If you are unsure, click here for a list of conditions).	Yes
DermatologyModel.AlopeciaAnswers.DateOfDiagnosis	Date of diagnosis:	1/1/2012
DermatologyModel.AlopeciaAnswers.DateOfResolution	Date of resolution:	1/1/2012
DermatologyModel.AlopeciaAnswers.HasMedications	I require medication either daily or as needed for this condition (Unless there is a medical necessity, the Peace Corps does not provide medications for hair loss for strictly cosmetic purposes.)	True

DermatologyModel.AlopeciaAnswers.Medications	Please list any medications you are currently taking for this condition. Separate individual medications with a comma.	N/A
DermatologyModel.AlopeciaAnswers.NeedMonitoring	It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.	True
DermatologyModel.AlopeciaAnswers.NeedMonitoringDescription	Description:	N/A
DermatologyModel.AlopeciaAnswers.NoSymptoms	This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up	True
DermatologyModel.AlopeciaAnswers.OpeningQuestion	Diagnosis: Alopecia (Hair Loss)	True
DermatologyModel.AlopeciaAnswers.PersonalStatement	<p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this</li> </ul>	N/A

	condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.	
DermatologyModel.CysticAcneAnswers.DateOfDiagnosis	Date of diagnosis:	1/1/2012
DermatologyModel.CysticAcneAnswers.DateOfResolution	Date of resolution:	1/1/2012
DermatologyModel.CysticAcneAnswers.HadEpisodesOfCysticAcne	I have had 2 or more episodes of Cystic Acne in my life	True
DermatologyModel.CysticAcneAnswers.HasMedications	I require oral (by mouth) or topical (applied to affected area) medication either daily or as needed for this condition Note: Peace Corps does not support the use of Accutane (Isotretinoin) during service	True
DermatologyModel.CysticAcneAnswers.Medications	Please list any medications you are currently taking for this condition. Separate individual medications with a comma.	N/A
DermatologyModel.CysticAcneAnswers.NeedMonitoring	It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.	True
DermatologyModel.CysticAcneAnswers.NeedMonitoringDescription	Description:	N/A
DermatologyModel.CysticAcneAnswers.NoSymptoms	This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up	True
DermatologyModel.CysticAcneAnswers.OpeningQuestion	Diagnosis: Cystic Acne	True
	Please respond to all of the bullet points below. <ul style="list-style-type: none"> <li>• How does this</li> </ul>	

DermatologyModel.CysticAcneAnswers.PersonalStatement	<p>condition affect your activities of daily living/work?</p> <ul style="list-style-type: none"> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	N/A
DermatologyModel.CysticAcneAnswers.RequireSteroids	I currently require steroid injections OR Accutane (Isotretinoin) to manage my acne.	True
DermatologyModel.PilonidalCystAnswers.DateOfDiagnosis	Date of diagnosis:	1/1/2012
DermatologyModel.PilonidalCystAnswers.HadSymptoms	I have/had symptoms due to this condition	True
DermatologyModel.PilonidalCystAnswers.OpeningQuestion	Diagnosis: Pilonidal Cyst	True
DermatologyModel.UnknownAcneAnswers.DateOfDiagnosis	Date of diagnosis:	1/1/2012
DermatologyModel.UnknownAcneAnswers.DateOfResolution	Date of resolution:	1/1/2012
DermatologyModel.UnknownAcneAnswers.HadEpisodesOfCysticAcne	I have had 2 or more episodes of Unknown Type of Acne in my life	True
	I require oral (by mouth) or topical (applied to	

DermatologyModel.UnknownAcneAnswers.HasMedications	affected area) medication either daily or as needed for this condition Note: Peace Corps does not support the use of Accutane (Isotretinoin) during service	True
DermatologyModel.UnknownAcneAnswers.Medications	Please list any medications you are currently taking for this condition. Separate individual medications with a comma.	N/A
DermatologyModel.UnknownAcneAnswers.NeedMonitoring	It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.	True
DermatologyModel.UnknownAcneAnswers.NeedMonitoringDescription	Description:	N/A
DermatologyModel.UnknownAcneAnswers.NoSymptoms	This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up	True
DermatologyModel.UnknownAcneAnswers.OpeningQuestion	Diagnosis: Unknown Type of Acne	True
DermatologyModel.UnknownAcneAnswers.PersonalStatement	Please respond to all of the bullet points below.  <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any  symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all</li> </ul>	N/A

	treatments prescribed for this condition. <ul style="list-style-type: none"> <li>Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	
DermatologyModel.UnknownAcneAnswers.RequireSteroids	I currently require steroid injections OR Accutane (Isotretinoin) to manage my acne.	True
DermatologyModel.VulgarisAcneAnswers.DateOfDiagnosis	Date of diagnosis:	1/1/2012
DermatologyModel.VulgarisAcneAnswers.DateOfResolution	Date of resolution:	1/1/2012
DermatologyModel.VulgarisAcneAnswers.HadEpisodesOfCysticAcne	I have had 2 or more episodes of Vulgaris Acne in my life	True
DermatologyModel.VulgarisAcneAnswers.HasMedications	I require oral (by mouth) or topical (applied to affected area) medication either daily or as needed for this condition Note: Peace Corps does not support the use of Accutane (Isotretinoin) during service	True
DermatologyModel.VulgarisAcneAnswers.Medications	Please list any medications you are currently taking for this condition. Separate individual medications with a comma.	N/A
DermatologyModel.VulgarisAcneAnswers.NeedMonitoring	It is recommended by my health professional that I see a Dermatologist for specialized monitoring or follow up for this condition.	True
DermatologyModel.VulgarisAcneAnswers.NeedMonitoringDescription	Description:	N/A
	This condition is resolved without symptoms for	

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DermatologyModel.VulgarisAcneAnswers.NoSymptoms	over a year, I have no restrictions or limitations due to this condition and it requires no further follow up	True
DermatologyModel.VulgarisAcneAnswers.OpeningQuestion	Diagnosis: Vulgaris Acne	True
DermatologyModel.VulgarisAcneAnswers.PersonalStatement	<p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	N/A
DermatologyModel.VulgarisAcneAnswers.RequireSteroids	I currently require steroid injections OR Accutane (Isotretinoin) to manage my acne.	True
DermatologyModel.AlopeciaAnswers.Symptoms.AreAnyOngoing		True
DermatologyModel.CysticAcneAnswers.Symptoms.AreAnyOngoing		True
DermatologyModel.UnknownAcneAnswers.Symptoms.AreAnyOngoing		True

DermatologyModel.VulgarisAcneAnswers.Symptoms.AreAnyOngoing		True
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**Ear, Nose, Throat**

ID	Question Text	Answer Text
ENTModel.DeafUseSignLanguage	I am deaf and use American Sign Language as my primary form of communication	True
ENTModel.DeafUseSignPersonalStmt	<p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	N/A
ENTModel.DeafUseSpeech	I am deaf and use speech and residual hearing as my primary form of	True



ENTModel.DeafUseSpeechPersonalStmt	<p>communication</p> <p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	N/A
ENTModel.NoDifficultyHearing	I have no difficulty hearing	True
ENTModel.SeenDoctorInLast24Months	In the past two years I have seen a Primary Care Physician or Ear, Nose, and Throat Specialist for an Ear, Nose, and Throat condition. (If you are unsure, click here for a list of conditions).	Yes
ENTModel.CholesteatomaAnswers.CholesteatomaIncidence	I have had a single incidence of a Cholesteatoma	True

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ENTModel.CholesteatomaAnswers.DateOfDiagnosis	Date of diagnosis:	1/1/2012
ENTModel.CholesteatomaAnswers.DateOfResolution	Date of resolution:	1/1/2012
ENTModel.CholesteatomaAnswers.EarsAffected	Ear(s) affected	Both
ENTModel.CholesteatomaAnswers.HadSurgeryPast2Yrs	I had surgery in the past 2 years due to this condition	True
ENTModel.CholesteatomaAnswers.HadSymptoms	I have/had symptoms due to this condition	True
ENTModel.CholesteatomaAnswers.ListDates	List Dates	N/A
ENTModel.CholesteatomaAnswers.MoreThanOnceCondition	I have had this condition more than once in my lifetime	True
ENTModel.CholesteatomaAnswers.NeedFutureSurgery	I am told I need, or may need, surgery in the future due to this condition	True
ENTModel.CholesteatomaAnswers.NeedFutureSurgeryDesc	Description:	N/A
ENTModel.CholesteatomaAnswers.NeedMonitoring	It is recommended by my health professional that I see an Ear, Nose and Throat physician for specialized monitoring or follow up for this condition	True
ENTModel.CholesteatomaAnswers.NeedMonitoringDesc	Description:	N/A
ENTModel.CholesteatomaAnswers.NoSymptoms	This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up	True
ENTModel.CholesteatomaAnswers.OpeningQuestion	Diagnosis: Cholesteatoma (usually a benign tumor of the ear)	True
	<p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the</li> </ul>	

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<p>ENTModel.CholesteatomaAnswers.PersonalStatement</p>	<p>Peace Corps?  <ul style="list-style-type: none"> <li>Describe your response to all treatments prescribed for this condition.</li> <li>Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul> </p>	<p>N/A</p>
<p>ENTModel.DeafUseSignLanguage.date</p>	<p>Date of diagnosis:</p>	<p>1/1/2012</p>
<p>ENTModel.DeafUseSpeech.date</p>	<p>Date of diagnosis:</p>	<p>1/1/2012</p>
<p>ENTModel.HardToHearConditions.EarsAffected</p>	<p>Ear(s) affected</p>	<p>Both</p>
<p>ENTModel.HardToHearConditions.HadDiagnosticTesting</p>	<p>I have had diagnostic testing (such as a hearing test) in due to this condition</p>	<p>True</p>
<p>ENTModel.HardToHearConditions.HardToHear</p>	<p>I am hard of hearing and I use speech as my primary form of communication</p>	<p>True</p>
<p>ENTModel.HardToHearConditions.HearingAidDetails</p>	<p>List type, date of purchase, manufacturer and model number(provide if known)</p>	<p>N/A</p>
<p>ENTModel.HardToHearConditions.HearingAidReplacement</p>	<p>The hearing aids may need to be replaced in the next 3 years</p>	<p>True</p>
<p>ENTModel.HardToHearConditions.HearingLossCause</p>	<p>The cause of the hearing loss is known</p>	<p>True</p>
	<p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>How does this condition affect your activities of daily</li> </ul>	

ENTModel.HardToHearConditions.HearingLossPersonalStatement	<p>living/work?</p> <ul style="list-style-type: none"> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	N/A
ENTModel.HardToHearConditions.ListCause	List:	N/A
ENTModel.HardToHearConditions.RequireHearingAid	I require the use of a hearing aid	True
ENTModel.HardToHearConditions.SeeENTDesc	Describe	N/A
ENTModel.HardToHearConditions.SeeENTPhysician	It is recommended by my health professional that I see an Ear, Nose and Throat physician for specialized monitoring or follow up for this condition.	True
ENTModel.MenieresDiseaseAnswers.DateOfDiagnosis	Date of diagnosis:	1/1/2012
ENTModel.MenieresDiseaseAnswers.HadSurgeryPast2Yrs	I had surgery for this condition	True
ENTModel.MenieresDiseaseAnswers.HadSymptoms	I have/had symptoms due to this condition	True
ENTModel.MenieresDiseaseAnswers.HearingLoss	I am currently experiencing hearing loss due to this condition	True

## DiagnosisVerification

ENTModel.MenieresDiseaseAnswers.ListDates	List Dates	N/A
ENTModel.MenieresDiseaseAnswers.Medications	Please list any medications you are currently taking for this condition. Separate individual medications with a comma.	N/A
ENTModel.MenieresDiseaseAnswers.MoreThanOnceCondition	I have had this condition more than once in my lifetime	True
ENTModel.MenieresDiseaseAnswers.NeedFutureSurgery	I am told I need, or may need, surgery in the future due to this condition	True
ENTModel.MenieresDiseaseAnswers.NeedFutureSurgeryDesc	Description:	N/A
ENTModel.MenieresDiseaseAnswers.NeedMonitoring	It is recommended by my health professional that I see an Ear, Nose and Throat physician for specialized monitoring or follow up for this condition	True
ENTModel.MenieresDiseaseAnswers.OpeningQuestion	Diagnosis: Meniere's Disease (affects balance and hearing)	True
ENTModel.MenieresDiseaseAnswers.RequireMedication	I require medication either daily or as needed for this condition	True
ENTModel.CholesteatomaAnswers.Symptoms.AreAnyOngoing		True
ENTModel.HardToHearConditions.HardToHear.date	Date of diagnosis:	1/1/2012
ENTModel.HardToHearConditions.HearingAidReplacement.date	Date of expected future replacement	1/1/2012
ENTModel.MenieresDiseaseAnswers.Symptoms.AreAnyOngoing		True

## Endocrinology

ID	Question Text
EndocrinologyModel.AddisonsDisease	Addison's Disease (hypo adrenal glands and/or reduced corticosteroid levels)
EndocrinologyModel.CongenitalAdrenalHyperplasia	Congenital Adrenal Hyperplasia
EndocrinologyModel.CushingsDisease	Cushing's Disease (hyper adrenal glands and/or elevated corticosteroid levels)
EndocrinologyModel.DiabetesType1	Diabetes Type 1
	In the past two years I have seen a primary care physician or

EndocrinologyModel.SeenDoctorInLast24Months	physician or endocrinologist or other specialist for a condition of the Endocrine System (diabetes or conditions of the pituitary, thyroid, parathyroid and adrenal glands for example). If you are unsure, click here for a list of Endocrine conditions)
EndocrinologyModel.AddisonsDisease.date	Date of diagnosis:
EndocrinologyModel.AddisonsDisease.DoctorLastSeenDate	When was the last time you saw a Health Care provider for this condition:
EndocrinologyModel.CongenitalAdrenalHyperplasia.date	Date of diagnosis:
EndocrinologyModel.CongenitalAdrenalHyperplasia.DoctorLastSeenDate	When was the last time you saw a Health Care provider for this condition:
EndocrinologyModel.CushingsDisease.date	Date of diagnosis:
EndocrinologyModel.CushingsDisease.DoctorLastSeenDate	When was the last time you saw a Health Care provider for this condition:
EndocrinologyModel.DiabetesMellitusType2Answers.ChangedMedication	My doctor changed my medication within the past 3 months (either stopped or started a medication or changed the dosage of a current medication)
EndocrinologyModel.DiabetesMellitusType2Answers.DateOfDiagnosis	Date of diagnosis:
EndocrinologyModel.DiabetesMellitusType2Answers.DateOfResolution	Date of resolution:
EndocrinologyModel.DiabetesMellitusType2Answers.HadBloodTestsInPast6Months	I have had blood tests or other diagnostic testing in the past 6 months due to this condition
EndocrinologyModel.DiabetesMellitusType2Answers.HadNeuropathy	I have neuropathy (loss of sensation or nerve pain) due to this condition
EndocrinologyModel.DiabetesMellitusType2Answers.HadSurgery	I had surgery due to this condition in the past 2 years
EndocrinologyModel.DiabetesMellitusType2Answers.HemoglobinA1CLabTest	I have had a Hemoglobin A1C lab test in the last 3 months
	I have had one or more episodes of low blood sugar that included a change in

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EndocrinologyModel.DiabetesMellitusType2Answers.LowBloodSugar	consciousness and an immediate need for sugar (a glass of orange juice or a sugar tablet for example)
EndocrinologyModel.DiabetesMellitusType2Answers.ManageByDietAndExercise	I manage my diabetes by diet and exercise only and do not take any medication for this condition
EndocrinologyModel.DiabetesMellitusType2Answers.MayNeedSurgery	I have been told I need, or may need, surgery in the future due to this condition
EndocrinologyModel.DiabetesMellitusType2Answers.Medications	Please list any medications you are currently taking for this condition. Separate individual medications with a comma.
EndocrinologyModel.DiabetesMellitusType2Answers.NeedFollowUp	It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.
EndocrinologyModel.DiabetesMellitusType2Answers.NoSymptoms	This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up
EndocrinologyModel.DiabetesMellitusType2Answers.OpeningQuestion	Diagnosis: Diabetes Mellitus Type 2 (If you have Type 1, this should be checked in the lifetime conditions)
EndocrinologyModel.DiabetesMellitusType2Answers.OtherBodySystemsInvolved	I have involvement of other body systems due to this condition (kidney, eyes for example)
	<p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan</li> </ul>

<p>EndocrinologyModel.DiabetesMellitusType2Answers.PersonalStatement</p>	<p>for managing any symptoms while serving with the Peace Corps?</p> <ul style="list-style-type: none"> <li>Describe your response to all treatments prescribed for this condition.</li> <li>Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>
<p>EndocrinologyModel.DiabetesMellitusType2Answers.RequireMedication</p>	<p>I require oral (by mouth) or Injectable (by a shot) medication either daily or as needed for this condition</p>
<p>EndocrinologyModel.DiabetesMellitusType2Answers.SeenInEmergencyRoom</p>	<p>I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition</p>
<p>EndocrinologyModel.DiabetesMellitusType2Answers.SpecialDiet</p>	<p>I follow a special diet due to having this condition</p>
<p>EndocrinologyModel.DiabetesMellitusType2Answers.UnableToCheckOldBloodSugars</p>	<p>I am unable to check my own blood sugars</p>
<p>EndocrinologyModel.DiabetesType1.date</p>	<p>Date of diagnosis:</p>
<p>EndocrinologyModel.DiabetesType1.DoctorLastSeenDate</p>	<p>When was the last time you saw a Health Care provider for this condition:</p>
<p>EndocrinologyModel.HypoglycemiaAnswers.DateOfDiagnosis</p>	<p>Date of diagnosis:</p>
<p>EndocrinologyModel.HypoglycemiaAnswers.HadBloodTestsInPast3Months</p>	<p>I have had blood tests due to this condition in the</p>



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	condition in the past 3 months
EndocrinologyModel.HypoglycemiaAnswers.HadConditionMoreThanOnce	I have had this condition more than once
EndocrinologyModel.HypoglycemiaAnswers.HadSymptoms	I have/had symptoms due to this condition
EndocrinologyModel.HypoglycemiaAnswers.NeedFollowUp	It is recommended by my health professional that I see an Endocrinologist for specialized monitoring or follow up for this condition.
EndocrinologyModel.HypoglycemiaAnswers.NoSymptoms	This condition is resolved without symptoms for over a year, I have no restrictions or limitations due to this condition and it requires no further follow up
EndocrinologyModel.HypoglycemiaAnswers.OpeningQuestion	Diagnosis: Hypoglycemia
EndocrinologyModel.HypoglycemiaAnswers.SeenInEmergencyRoom	I have been to an emergency room or urgent care center or have been hospitalized in the past 2 years because of this condition
EndocrinologyModel.DiabetesMellitusType2Answers.ChangedMedication.Desc	List medication and describe reason for change:
EndocrinologyModel.DiabetesMellitusType2Answers.HadNeuropathy.Desc	Describe:
EndocrinologyModel.DiabetesMellitusType2Answers.MayNeedSurgery.Desc	Describe:
EndocrinologyModel.DiabetesMellitusType2Answers.NeedFollowUp.Describe	Describe:
EndocrinologyModel.DiabetesMellitusType2Answers.OtherBodySystemsInvolved.Desc	Describe:
EndocrinologyModel.DiabetesMellitusType2Answers.SpecialDiet.Desc	Describe:
EndocrinologyModel.HypoglycemiaAnswers.HadConditionMoreThanOnce.List	List:
EndocrinologyModel.HypoglycemiaAnswers.NeedFollowUp.Describe	Describe:
EndocrinologyModel.HypoglycemiaAnswers.Symptoms.AreAnyOngoing	

## Gastroenterology

ID	Question Text	Answer Text
GastroenterologyModel.AbsorptionDisorder	Any absorption disorder, such as Crohn's Disease or Ulcerative Colitis	True
GastroenterologyModel.ActiveHepatitisB	Active Hepatitis B OR I am a Hepatitis B carrier	True
GastroenterologyModel.Ascites	Ascites	True
GastroenterologyModel.Cirrhosis	Cirrhosis of the Liver	True

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GastroenterologyModel.Colonoscopy	Colonoscopy (within 10 years)	True
GastroenterologyModel.CTColongraphy	CT Colongraphy "Virtual Colonoscopy" (within 5 years)	True
GastroenterologyModel.DNATesting	Stool for DNA testing (within 1 year)	True
GastroenterologyModel.DoubleContrastBariumEnema	Double Contrast Barium Enema (within 5 years)	True
GastroenterologyModel.EsophagealVarices	Esophageal Varices	True
GastroenterologyModel.FecalImmunochemicalTest	Fecal Immunochemical Test (within 1 year)	True
GastroenterologyModel.FecalOccultBloodTest	Fecal Occult Blood Test x 3 (within 1 year)	True
GastroenterologyModel.FlexibleSigmoidoscopy	Flexible Sigmoidoscopy (within 5 years)	True
GastroenterologyModel.GlutenTolerant	I am able to tolerate gluten in my diet	No
GastroenterologyModel.HepatitisC	Hepatitis C	True
GastroenterologyModel.LactoseTolerant	I am able to tolerate lactose in my diet and do not avoid dairy products	No
GastroenterologyModel.NeedsColoRectalScreeningExam	HIDDEN- Does the candidate need a colo-rectal screening exam	Yes
GastroenterologyModel.NoColoRectalScreeningWithinDefinedTimeframes	I have not had any of the listed tests above within the defined time frames	True
GastroenterologyModel.Othersurgicalrepair	I currently have a Colostomy, Ileostomy or any other surgical repair of the colon that requires daily care and maintenance	True
GastroenterologyModel.SeenDoctorInLast24Months	In the past two years I have seen a Primary Care Physician or Gastroenterologist for a Colon, Stomach, Pancreas or Liver condition (If you are unsure, click here for a list of conditions)	Yes
GastroenterologyModel.Under50	I am under 50 years of age	No
GastroenterologyModel.UndergoneBariatricSurgery	I have undergone Bariatric Surgery for weight loss	True
GastroenterologyModel.AbsorptionDisorder.DiagnosisDate	Date of diagnosis:	1/1/201:
GastroenterologyModel.ActiveHepatitisB.DiagnosisDate	Date of diagnosis:	1/1/201:

## DiagnosisVerification

GastroenterologyModel.Ascites.DiagnosisDate	Date of diagnosis:	1/1/201:
GastroenterologyModel.Cirrhosis.DiagnosisDate	Date of diagnosis:	1/1/201:
GastroenterologyModel.Colonoscopy.IsAbnormal	My test was abnormal and required further follow up testing	True
GastroenterologyModel.CTColography.IsAbnormal	My test was abnormal and required further follow up testing	True
GastroenterologyModel.DNATesting.IsAbnormal	My test was abnormal and required further follow up testing	True
GastroenterologyModel.DoubleContrastBariumEnema.IsAbnormal	My test was abnormal and required further follow up testing	True
GastroenterologyModel.EsophagealVarices.DiagnosisDate	Date of diagnosis:	1/1/201:
GastroenterologyModel.FecalImmunochemicalTest.IsAbnormal	My test was abnormal and required further follow up testing	True
GastroenterologyModel.FecalOccultBloodTest.IsAbnormal	My test was abnormal and required further follow up testing	True
GastroenterologyModel.FlexibleSigmoidoscopy.IsAbnormal	My test was abnormal and required further follow up testing	True
GastroenterologyModel.GlutenTolerant.PersonalStatement	<p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to</li> </ul>	N/A

DiagnosisVerification

	<p>this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</p>	
GastroenterologyModel.HepatitisAnswers.HepatitisA	Hepatitis A	True
GastroenterologyModel.HepatitisAnswers.HepatitisB	Hepatitis B	True
GastroenterologyModel.HepatitisAnswers.OpeningQuestion	<p>Diagnosis: Hepatitis (inflammation of the liver) (If you have already answered questions on this condition in another body system do not check this box)</p>	True
GastroenterologyModel.HepatitisC.DiagnosisDate	Date of diagnosis:	1/1/201:
GastroenterologyModel.LactoseTolerant.PersonalStatement	<p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this condition that may impact on your ability</li> </ul>	N/A

DiagnosisVerification

	to serve 27 months with the Peace Corps? If so, please describe.	
GastroenterologyModel.UndergoneBariatricSurgery.DiagnosisDate	(Date of Sugery)	1/1/201:
GastroenterologyModel.AbsorptionDisorder.HealthCareProvider.Date	When was the last time you saw a Health Care provider for this condition?	1/1/201:
GastroenterologyModel.ActiveHepatitisB.HealthCareProvider.Date	When was the last time you saw a Health Care provider for this condition?	1/1/201:
GastroenterologyModel.Ascites.HealthCareProvider.Date	When was the last time you saw a Health Care provider for this condition?	1/1/201:
GastroenterologyModel.Cirrhosis.HealthCareProvider.Date	When was the last time you saw a Health Care provider for this condition?	1/1/201:
GastroenterologyModel.EsophagealVarices.HealthCareProvider.Date	When was the last time you saw a Health Care provider for this condition?	1/1/201:
GastroenterologyModel.HepatitisAnswers.HepatitisA.DiagnosisDate	Date of diagnosis:	1/1/201:
GastroenterologyModel.HepatitisAnswers.HepatitisB.DiagnosisDate	Date of diagnosis:	1/1/201:
GastroenterologyModel.HepatitisC.HealthCareProvider.Date	When was the last time you saw a Health Care provider for this condition?	1/1/201:
GastroenterologyModel.Othersurgicalrepair.HealthCareProvider.Date	When was the last time you saw a Health Care provider for this condition?	1/1/201:
GastroenterologyModel.UndergoneBariatricSurgery.HealthCareProvider.Date	When was the last time you saw a Health Care provider for this condition?	1/1/201:

**Gynaecology**

ID	Question Text	Answer Text
GyneModel.IsMale	I am male	Yes

**Hematology**

ID	Questi
HematologyModel.AgnogenicMyeloidMetaplasia	Agnoge Myeloic Metapl.
HematologyModel.EssentialThrombocythemia	Essent (Primar Thromt
	A G6PC ...

DiagnosisVerification

HematologyModel.HadG6PDDeficiency	(if you know, check t
HematologyModel.Hemochromatosis	Hemod
HematologyModel.Hemophilia	Hemop
HematologyModel.Lymphoma	Lympho (Hodgk Non-Hc Lympho Multiple
HematologyModel.Myelofibrosis	Myelofi
HematologyModel.MySpleenRemoved	My sple been re
HematologyModel.PersonalStatement	<p>Please all of th points</p> <ul style="list-style-type: none"> <li>• t t c ã ã c l</li> <li>• \ ) f r ã s v s v f c</li> <li>• [ ) r t t f f c</li> <li>• [ t c r t c t i y t r v f c s c</li> </ul>
HematologyModel.PolycythemiaVera	Polycyt

In the |

DiagnosisVerification

HematologyModel.SeenDoctorInLast24Months	years I a Prim Physici Hemat a blood (If you unsure for a lie conditi
HematologyModel.SickleCellDisease	Sickle C Thalas Hemog SC DIS TRAIT
HematologyModel.AgnogenicMyeloidMetaplasia.DiagnosisDate	Date of
HematologyModel.AgnogenicMyeloidMetaplasia.ProviderLastSeenDate	When last tim a Healt provide conditi
HematologyModel.AutoImmuneHemolyticAnemiaAnswers.DateOfDiagnosis	Date of
HematologyModel.AutoImmuneHemolyticAnemiaAnswers.DateOfResolution	Date of resolut
HematologyModel.AutoImmuneHemolyticAnemiaAnswers.DoctorChangedMedication	My doc change medica past 3 (either startec medica change dosage current medica
HematologyModel.AutoImmuneHemolyticAnemiaAnswers.HadDiagnosticTestingInPast6Months	I have tests o diagno in the 6 months this coi
HematologyModel.AutoImmuneHemolyticAnemiaAnswers.HadSymptoms	I have/ symptc this coi
HematologyModel.AutoImmuneHemolyticAnemiaAnswers.Medications	Please medica are cur taking conditi Separa individu medica a comm
HematologyModel.AutoImmuneHemolyticAnemiaAnswers.NeedMonitoring	It is recomr my hea profess  I see a Hemat special monito follow i conditi
HematologyModel.AutoImmuneHemolyticAnemiaAnswers.NeedMonitoringDesc	Descrip
HematologyModel.AutoImmuneHemolyticAnemiaAnswers.NoSymptoms	This co resolve symptc over a have n restrict limitati this coi it requi further

HematologyModel.AutoImmuneHemolyticAnemiaAnswers.OpeningQuestion	Diagno Immun Anemia
HematologyModel.AutoImmuneHemolyticAnemiaAnswers.PersonalStatement	<p>Please all of th points</p> <ul style="list-style-type: none"> <li>• I t c e c l</li> <li>• V y f r e s v s v f c</li> <li>• I y r t t f c c t i y t r v f c e c</li> </ul>
HematologyModel.AutoImmuneHemolyticAnemiaAnswers.RequireMedication	I requir mouth) injectal medica daily or needec conditi
HematologyModel.AutoImmuneHemolyticAnemiaAnswers.RequireOngoingTreatment	I currel ongoin treatm conditi (includi transfu
	I have emerg or urde



DiagnosisVerification

HematologyModel.AutoImmuneHemolyticAnemiaAnswers.SeenInEmergencyRoom	When was the patient seen in the emergency room in the past 5 years for this condition?
HematologyModel.EssentialThrombocythemia.DiagnosisDate	Date of diagnosis
HematologyModel.EssentialThrombocythemia.ProviderLastSeenDate	When was the patient last seen by a health care provider for this condition?
HematologyModel.Hemochromatosis.DiagnosisDate	Date of diagnosis
HematologyModel.Hemochromatosis.ProviderLastSeenDate	When was the patient last seen by a health care provider for this condition?
HematologyModel.Hemophilia.DiagnosisDate	Date of diagnosis
HematologyModel.Hemophilia.ProviderLastSeenDate	When was the patient last seen by a health care provider for this condition?
HematologyModel.HereditaryHemolyticAnemiaAnswers.DateOfDiagnosis	Date of diagnosis
HematologyModel.HereditaryHemolyticAnemiaAnswers.HadSymptoms	I have had symptoms of this condition?
HematologyModel.HereditaryHemolyticAnemiaAnswers.OpeningQuestion	Diagnosis of Hereditary Hemolytic Anemia
HematologyModel.Lymphoma.DiagnosisDate	Date of diagnosis
HematologyModel.Lymphoma.ProviderLastSeenDate	When was the patient last seen by a health care provider for this condition?
HematologyModel.Myelofibrosis.DiagnosisDate	Date of diagnosis
HematologyModel.Myelofibrosis.ProviderLastSeenDate	When was the patient last seen by a health care provider for this condition?
HematologyModel.MySpleenRemoved.Date	Date:
HematologyModel.MySpleenRemoved.Reason	Reason for removal
HematologyModel.PolycythemiaVera.DiagnosisDate	Date of diagnosis
HematologyModel.PolycythemiaVera.ProviderLastSeenDate	When was the patient last seen by a health care provider for this condition?
HematologyModel.SickleCellDisease.DiagnosisDate	Date of diagnosis
HematologyModel.SickleCellDisease.ProviderLastSeenDate	When was the patient last seen by a health care provider for this condition?
HematologyModel.AutoImmuneHemolyticAnemiaAnswers.Medication.ChangeReason	List medication and describe reason for change
HematologyModel.AutoImmuneHemolyticAnemiaAnswers.RequireOngoingTreatment.Description	Description
HematologyModel.AutoImmuneHemolyticAnemiaAnswers.Symptoms.AreAnyOngoing	

**HIPAA Signature**

ID	Question Text	Answer Text
SignatureModel.DOB	DOB	1/1/1970
SignatureModel.IpAddressOfSigner	IpAddressOfSigner	172.27.223.92
SignatureModel.Signature	Signature	Elizabeth Kehne
SignatureModel.TimeOfSignature	TimeOfSignature	1/18/2012

**Infectious Disease**

ID	Question Text	Answer Text
InfectModel.HepatitisC	Hepatitis C.	True
InfectModel.HIV	Human Immunodeficiency Virus (HIV).	True
InfectModel.PPDNotTreated	I have had a positive PPD and have not been treated for Tuberculosis.	True
InfectModel.PPDTreated	I have had a positive PPD and completed a full course of medication for latent Tuberculosis.	True
InfectModel.SeenDoctorInLast24Months	<b>In the past two years</b> I have seen a Primary Care Physician or Infectious Disease Specialist for an Infectious Disease (If you're unsure, click here for a list of conditions)	Yes
InfectModel.HepatitisAnswers.HepatitisA	Hepatitis A	True
InfectModel.HepatitisAnswers.HepatitisB	Hepatitis B (Refers to the disease and NOT to immunization Hep B series)	True
InfectModel.HepatitisAnswers.HepatitisC	Hepatitis C	True
InfectModel.HepatitisAnswers.HepatitisUnknown	I don't know what kind of Hepatitis I had	True
InfectModel.HepatitisAnswers.OpeningQuestion	Diagnosis: Hepatitis (inflammation of the liver) (If you have already answered questions on this condition in another body system, do not check this box)	True
InfectModel.HepatitisC.Date	Date of diagnosis:	1/1/2012
InfectModel.HepatitisC.ProviderLastSeenDate	When was the last time you saw a Health Care provider for this condition?	1/1/2012
InfectModel.HIV.Date	Date of diagnosis:	1/1/2012

## DiagnosisVerification

InfectModel.HIV.ProviderLastSeenDate	When was the last time you saw a Health Care provider for this condition?	1/1/2012
InfectModel.LymeDiseaseAnswers.ConditionResolved	This condition is resolved without symptoms <b>for over a year</b> . I have no restrictions or limitations due to this condition and it requires no further follow up	True
InfectModel.LymeDiseaseAnswers.DiagnosticTest	I have had blood tests or other diagnostic test (such as Ultrasound) in <b>the past six months</b> due to this condition.	True
InfectModel.LymeDiseaseAnswers.HasMedications	I require oral (by mouth) or inhaled medication either <b>daily or as needed</b> for this condition	True
InfectModel.LymeDiseaseAnswers.HasSymptoms	I have/had symptoms due to this condition.	True
InfectModel.LymeDiseaseAnswers.Medications	Please list any medications you are currently taking for this condition. Separate individual medications with a comma.	N/A
InfectModel.LymeDiseaseAnswers.OpeningQuestion	Diagnosis: Lyme Disease	True
InfectModel.LymeDiseaseAnswers.OtherSystemsInvolvement	I have other body system(s) involvement due to this condition (such as joint pain)	True
	<p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> </ul>	

## DiagnosisVerification

InfectModel.LymeDiseaseAnswers.PersonalStatement	<ul style="list-style-type: none"> <li>Describe your response to all treatments prescribed for this condition.</li> <li>Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	N/A
InfectModel.LymeDiseaseAnswers.SpecialistFollowUpRequired	It is recommended by my health professional that I see a physician for specialized monitoring or follow up due to this condition	True
InfectModel.PPDNotTreated.date	Date	1/1/2012
InfectModel.PPDNotTreated.ProviderLastSeenDate	When was the last time you saw a Health Care provider for this condition?	1/1/2012
InfectModel.PPDNotTreated.reason	Reason not given treatment	N/A
InfectModel.PPDNotTreated.dateMedicationComplete	Date medication completed	1/1/2012
InfectModel.PPDNotTreated.ProviderLastSeenDate	When was the last time you saw a Health Care provider for this condition?	1/1/2012
InfectModel.STDAnswers.Chancroid	Chancroid	True
InfectModel.STDAnswers.Chlamydia	Chlamydia	True
InfectModel.STDAnswers.Condyloma	Condyloma	True
InfectModel.STDAnswers.Gonorrhea	Gonorrhea	True
InfectModel.STDAnswers.Herpes	Genital Herpes Simplex	True
InfectModel.STDAnswers.OpeningQuestion	Diagnosis: Any Sexually Transmitted Disease for which you have sought medical attention in the past two years.	True
InfectModel.STDAnswers.Syphilis	Syphilis	True

## DiagnosisVerification

InfectModel.STDAnswers.Trichomoniasis	Trichomoniasis	True
InfectModel.HepatitisAnswers.HepatitisA.date	Date	1/1/2012
InfectModel.HepatitisAnswers.HepatitisB.date	Date	1/1/2012
InfectModel.HepatitisAnswers.HepatitisC.date	Date	1/1/2012
InfectModel.LymeDiseaseAnswers.ConditionResolved.date	Date of resolution	1/1/2012
InfectModel.LymeDiseaseAnswers.LymeDisease.date	Date	1/1/2012
InfectModel.LymeDiseaseAnswers.SpecialistFollowUpRequired.description	Describe	N/A
InfectModel.LymeDiseaseAnswers.Symptoms.AreAnyOngoing		True
InfectModel.STDAnswers.Chancroid.date	Date	1/1/2012
InfectModel.STDAnswers.Chlamydia.date	Date	1/1/2012
InfectModel.STDAnswers.Condyloma.date	Date	1/1/2012
InfectModel.STDAnswers.Gonorrhea.date	Date	1/1/2012
InfectModel.STDAnswers.Herpes.date	Date	1/1/2012
InfectModel.STDAnswers.Syphilis.date	Date	1/1/2012
InfectModel.STDAnswers.Trichomoniasis.date	Date	1/1/2012

## Neurology

ID	Question Text	Answer Text
NeuroModel.Als.OpeningQuestion	Amyotrophic Lateral Sclerosis (ALS)	True
NeuroModel.AnyMyopathy.List	List	N/A
NeuroModel.AnyMyopathy.OpeningQuestion	Any Myopathy(a neuromuscular disorder) not previously listed	True
NeuroModel.BellPalsyAnswers.BloodTest	I have had blood tests due to this condition <b>in the past three months</b>	True
NeuroModel.BellPalsyAnswers.ConditionResolved	This condition is resolved without symptoms <b>for at least three months</b> , I have no restrictions or limitations due to this condition and it requires no further follow up	True
NeuroModel.BellPalsyAnswers.DateOfDiagnosis	Date of diagnosis:	1/1/2012
NeuroModel.BellPalsyAnswers.HasMedications	I require oral (by mouth) medication either <b>daily or as needed</b> for this condition	True
NeuroModel.BellPalsyAnswers.HasSymptoms	I have/had symptoms due to this condition.	True
NeuroModel.BellPalsyAnswers.Medications	Please list any medications you are currently taking for this condition. Separate individual medications with a comma.	N/A

DiagnosisVerification

NeuroModel.BellPalsyAnswers.MonitoringOrFollowupRecommended	It is recommended by my health professional that I see a Neurologist for specialized monitoring or follow up for this condition	True
NeuroModel.BellPalsyAnswers.OpeningQuestion	Diagnosis: Bell's Palsy	True
NeuroModel.BellPalsyAnswers.PersonalStatement	<p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this condition.</li> <li>• Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	N/A
NeuroModel.CerebralPalsy.OpeningQuestion	Cerebral Palsy (CP)	True
NeuroModel.CerebralVascularAccident.OpeningQuestion	Cerebral Vascular Accident (CVA)	True

## DiagnosisVerification

NeuroModel.Ms.OpeningQuestion	Multiple Sclerosis (MS)	True
NeuroModel.MuscularDystrophy.OpeningQuestion	Muscular Dystrophy (MD)	True
NeuroModel.Myasthenia.OpeningQuestion	Myasthenia Gravis	True
NeuroModel.Parkinson.OpeningQuestion	Parkinson's Disease	True
NeuroModel.Seizure.List	List	N/A
NeuroModel.Seizure.OpeningQuestion	Seizure disorder (other than a seizure as a baby caused by high fever)	True
NeuroModel.SleepApnea.OpeningQuestion	Sleep Apnea that requires or may require in the next three years a C-PAP machine	True
NeuroModel.TourettesSyndrome.OpeningQuestion	Tourette's Syndrome	True
NeuroModel.VentricularShunt.OpeningQuestion	Surgery and placement of a Ventricular Shunt	True
NeuroModel.Als.diagnosis.Date	Date of diagnosis:	1/1/2012
NeuroModel.Als.MonthYear.Date	Month/Year last seen physician for this condition	1/1/2012
NeuroModel.AnyMyopathy.diagnosis.Date	Date of diagnosis:	1/1/2012
NeuroModel.AnyMyopathy.MonthYear.Date	Month/Year last seen physician for this condition	1/1/2012
NeuroModel.BellPalsyAnswers.ConditionResolved.Date	Date of resolution	1/1/2012
NeuroModel.BellPalsyAnswers.MonitoringOrFollowupRecommended.description	Describe	N/A
NeuroModel.BellPalsyAnswers.Symptoms.AreAnyOngoing		True
NeuroModel.CerebralPalsy.diagnosis.Date	Date of diagnosis:	1/1/2012
NeuroModel.CerebralPalsy.MonthYear.Date	Month/Year last seen physician for this condition	1/1/2012
NeuroModel.CerebralVascularAccident.diagnosis.Date	Date of diagnosis:	1/1/2012
NeuroModel.CerebralVascularAccident.MonthYear.Date	Month/Year last seen physician for this condition	1/1/2012
NeuroModel.Ms.diagnosis.Date	Date of diagnosis:	1/1/2012
NeuroModel.Ms.MonthYear.Date	Month/Year last seen physician for this condition	1/1/2012
NeuroModel.MuscularDystrophy.diagnosis.Date	Date of diagnosis:	1/1/2012
NeuroModel.MuscularDystrophy.MonthYear.Date	Month/Year last seen physician for this condition	1/1/2012
NeuroModel.Myasthenia.diagnosis.Date	Date of diagnosis:	1/1/2012
NeuroModel.Myasthenia.MonthYear.Date	Month/Year last seen physician for this condition	1/1/2012
NeuroModel.Parkinson.diagnosis.Date	Date of diagnosis:	1/1/2012
NeuroModel.Parkinson.MonthYear.Date	Month/Year last seen physician for this condition	1/1/2012
NeuroModel.Seizure.diagnosis.Date	Date of diagnosis:	1/1/2012
	Month/Year last	

## DiagnosisVerification

NeuroModel.Seizure.MonthYear.Date	seen physician for this condition	1/1/2012
NeuroModel.SleepApnea.diagnosis.Date	Date of diagnosis:	1/1/2012
NeuroModel.SleepApnea.MonthYear.Date	Month/Year last seen physician for this condition	1/1/2012
NeuroModel.TourettesSyndrome.diagnosis.Date	Date of diagnosis:	1/1/2012
NeuroModel.TourettesSyndrome.MonthYear.Date	Month/Year last seen physician for this condition	1/1/2012
NeuroModel.VentricularShunt.diagnosis.Date	Date of Surgery	1/1/2012
NeuroModel.VentricularShunt.MonthYear.Date	Month/Year last seen physician for this condition	1/1/2012

## Opening Questions

ID	Question Text	Answer Text
OpeningQuestionsModel.BMI	BMI	19.966863905
OpeningQuestionsModel.CanClimb	I can climb at least 2 flights of stairs carrying groceries or luggage without difficulty	Yes
OpeningQuestionsModel.CanHoldSquattingPosition	I can hold a squatting position for several minutes	Yes
OpeningQuestionsModel.CanLift10Pounds	10 pounds	True
OpeningQuestionsModel.CanLift20Pounds	20 pounds	True
OpeningQuestionsModel.CanLift50Pounds	50 pounds	True
OpeningQuestionsModel.CanLiftAtleast10Pounds	I can lift (check the highest weight you can lift without difficulty)	Yes
OpeningQuestionsModel.CannotTolerateAltitude5000ft	I can tolerate living at an altitude 5000 feet above sea level	Yes
OpeningQuestionsModel.CanRideBicycleOnRoughRoads	I can ride a bicycle on rough roads	Yes
OpeningQuestionsModel.CanRideVehicleOnRoughRoads	I can tolerate riding in a vehicle on rough roads	Yes
OpeningQuestionsModel.CanTolerateColdLessThan20	Cold < 20 degrees	True
OpeningQuestionsModel.CanTolerateConstantDampness	Constant Dampness	True
OpeningQuestionsModel.CanTolerateConstantDust	Constant Dust	True
OpeningQuestionsModel.CanTolerateHeatGrtrThan90	Heat > 90 degrees	True
OpeningQuestionsModel.CanWalk	I can walk distances on rough or	Yes



## DiagnosisVerification

	uneven terrain	
OpeningQuestionsModel.CarRideBicycle	I can ride a bicycle	Yes
OpeningQuestionsModel.DiagnosedWithCancer	I have been diagnosed with cancer (of any type) in my lifetime	True
OpeningQuestionsModel.FilledQuestionnaireEarlier	Have you ever filled out a Health History Questionnaire for the Peace Corps before?	True
OpeningQuestionsModel.HasCurrentMedications	Do you take any prescription medications?	True
OpeningQuestionsModel.HasOverTheCounterOrHerbalMeds	Do you regularly take any over the counter medications or herbal remedies?	True
OpeningQuestionsModel.HaveMedicationsChangedInTheLast6months	Has your doctor changed your medication or have you stopped taking a medication in the last 6 months?	True
OpeningQuestionsModel.HeightInches	How tall are you? (Height in inches)	65
OpeningQuestionsModel.NoLimitationsOnFunctionalAbilities	I have no limitations on my functional abilities to meet my activities of daily living.	Yes
OpeningQuestionsModel.WeightInPounds	How much do you weigh? (Weight in pounds)	120
OpeningQuestionsModel.CannotTolerateLivingConditions.Description	If any of the above boxes are checked, please describe why you cannot live in those environments:	N/A
OpeningQuestionsModel.DiagnosedWithCancer.FollowPeriodicallyWithHCPProfessional	I follow up periodically with a health care provider in relation to this cancer diagnosis	True
OpeningQuestionsModel.DiagnosedWithCancer.HavePeriodicTesting	I have periodic laboratory or diagnostic testing due to this Cancer diagnosis	True
	List type of	

DiagnosisVerification

OpeningQuestionsModel.DiagnosedWithCancer.HavePeriodicTestingType	test, frequency	N/A
OpeningQuestionsModel.DiagnosedWithCancer.LastTreatmentDate	Date of Last Treatment	1/1/2012
OpeningQuestionsModel.DiagnosedWithCancer.NextVisitDueDate	Next expected visit date due)	1/1/2012
OpeningQuestionsModel.DiagnosedWithCancer.NoLongerSeesHCProvider	I no longer see any health care provider in relation to this cancer diagnosis	True
OpeningQuestionsModel.DiagnosedWithCancer.TreatmentComplete	My Cancer treatment is complete	No
OpeningQuestionsModel.DiagnosedWithCancer.TreatmentType	Type:	N/A
OpeningQuestionsModel.FilledQuestionnaireEarlier.Year	Year:	1999
OpeningQuestionsModel.HaveMedicationsChangedInTheLast6months.list	Please list each medication that was changed or that you stopped taking and the reason the medication regime was changed or stopped	N/A

**Ophthalmology**

ID	Qu
OphthalmologyModel.HadVisionCorrectiveSurgery	I ha Cor Sur Las
OphthalmologyModel.HerpesSimplexKeratitis	Her Ker
OphthalmologyModel.LatticeDegeneration	Lat Deg
OphthalmologyModel.MacularDegeneration	Mac Deg
OphthalmologyModel.RequirePrescription	I re pre con gla: con Pea not stro dis use len: con ser
OphthalmologyModel.SeenDoctorInLast24Months	In t yea a P Phy Opl (ey for sur pro eye uns

DiagnosisVerification

OphthalmologyModel.HadVisionCorrectiveSurgery.date	for con (Da
OphthalmologyModel.HadVisionCorrectiveSurgery.NoFollowUpRequired	My at l agc lon folk ope
OphthalmologyModel.HerpesSimplexKeratitis.date	Dat
OphthalmologyModel.HerpesSimplexKeratitis.ProviderLastSeenDate	Wh last a h pro con
OphthalmologyModel.IrreversibleBlindnessConditionsAnswers.EyesAffected	Loc
OphthalmologyModel.IrreversibleBlindnessConditionsAnswers.IrreversibleBlindness	Irre Blin
OphthalmologyModel.IrreversibleBlindnessConditionsAnswers.IrreversibleBlindnessCauseKnown	I w dia cau irre blin
OphthalmologyModel.IrreversibleBlindnessConditionsAnswers.IrreversibleBlindnessCauseUnKnown	The blin knc not dia
OphthalmologyModel.IrreversibleBlindnessConditionsAnswers.PersonalStatement	Ple. all poi

DiagnosisVerification

OphthalmologyModel.IrreversibleBlindnessConditionsAnswers.RequireFollowUp	It is recommended by provider. I see Ophthalmology model for follow up
OphthalmologyModel.IrreversibleBlindnessConditionsAnswers.RequireSpecialAccommodation	I recommend for
OphthalmologyModel.LatticeDegeneration.date	Date
OphthalmologyModel.LatticeDegeneration.ProviderLastSeenDate	When last seen by provider
OphthalmologyModel.MacularDegeneration.date	Date
OphthalmologyModel.MacularDegeneration.ProviderLastSeenDate	When last seen by provider
OphthalmologyModel.RetinalDetachmentAnswers.DateOfDiagnosis	Date
OphthalmologyModel.RetinalDetachmentAnswers.EyesAffected	Location
OphthalmologyModel.RetinalDetachmentAnswers.HadSurgery	I had surgery in the year
OphthalmologyModel.RetinalDetachmentAnswers.HasDiabetes	I have diabetes
OphthalmologyModel.RetinalDetachmentAnswers.NeedFollowUp	It is recommended by provider. I see Ophthalmology model for follow up
OphthalmologyModel.RetinalDetachmentAnswers.NeedFutureSurgery	I have not needed this
OphthalmologyModel.RetinalDetachmentAnswers.NoSightLimitations	This has not been at any current limitations
OphthalmologyModel.RetinalDetachmentAnswers.OpeningQuestion	Diagnosis/Details
	Please call for position

OphthalmologyModel.RetinalDetachmentAnswers.PersonalStatement

OphthalmologyModel.RetinalDetachmentAnswers.SeenInEmergencyRoom

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OphthalmologyModel.RetinitisPigmentosaAnswers.DateOfDiagnosis

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OphthalmologyModel.RetinitisPigmentosaAnswers.EyesAffected

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OphthalmologyModel.RetinitisPigmentosaAnswers.HadSurgery

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OphthalmologyModel.RetinitisPigmentosaAnswers.HasDiabetes

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DiagnosisVerification

OphthalmologyModel.RetinitisPigmentosaAnswers.NeedFollowUp	I see Opt for mo fol con
OphthalmologyModel.RetinitisPigmentosaAnswers.NeedFutureSurgery	I ha nee the this
OphthalmologyModel.RetinitisPigmentosaAnswers.NoSightLimitations	This bee at l anc cur limi res
OphthalmologyModel.RetinitisPigmentosaAnswers.OpeningQuestion	Dia Ret Pig
OphthalmologyModel.RetinitisPigmentosaAnswers.SeenInEmergencyRoom	I ha em or t cen bee in t yea this
OphthalmologyModel.IrreversibleBlindnessConditionsAnswers.IrreversibleBlindness.date	Dat
OphthalmologyModel.IrreversibleBlindnessConditionsAnswers.IrreversibleBlindnessCauseKnown. Description	(De
OphthalmologyModel.IrreversibleBlindnessConditionsAnswers.RequireFollowUp.Description	(De
OphthalmologyModel.IrreversibleBlindnessConditionsAnswers.RequireSpecialAccomodation. Description	(De
OphthalmologyModel.RetinalDetachmentAnswers.NeedFollowUp.Describe	(De
OphthalmologyModel.RetinalDetachmentAnswers.NeedFutureSurgery.Description	(De
OphthalmologyModel.RetinalDetachmentAnswers.NoSightLimitations.DateOfResolution	Dat
OphthalmologyModel.RetinitisPigmentosaAnswers.NeedFollowUp.Describe	(De
OphthalmologyModel.RetinitisPigmentosaAnswers.NeedFutureSurgery.Description	(De
OphthalmologyModel.RetinitisPigmentosaAnswers.NoSightLimitations.DateOfResolution	Dat

**Respiratory**

ID	Question Text	Answer Text
RespModel.AsthmaAnswers.ChangedMedicationsInLast3Months	My doctor changed my medication <b>in the past three months</b> (either stopped or started a medication or changed the dosage of a current medication)	True
RespModel.AsthmaAnswers.ConditionResolved	This condition is resolved without symptoms <b>for over a year</b> , I have no restrictions or limitations due to this condition and it requires no	True

## DiagnosisVerification

	further follow up	
RespModel.AsthmaAnswers.DailyLiving	This condition sometimes impacts on my ability to perform my activities of daily living	True
RespModel.AsthmaAnswers.DiagnosisDate	Date of diagnosis:	1/1/2012
RespModel.AsthmaAnswers.DiagnosticTest	I have had diagnostic testing (such as pulmonary function tests) due to this condition <b>in the past two years</b>	True
RespModel.AsthmaAnswers.EmergencyRoom	I have been to an emergency room or urgent care center or have been hospitalized <b>in the past five years</b> because of this condition.	True
RespModel.AsthmaAnswers.FollowUpRecommended	It is recommended by my health professional that I see a Pulmonologist (a physician specialized in caring for respiratory conditions) for specialized monitoring or follow up for this condition.	True
RespModel.AsthmaAnswers.HasMedications	I require oral (by mouth) or inhaled medication either <b>daily or as needed</b> for this condition	True
RespModel.AsthmaAnswers.HasSymptoms	I have/had symptoms due to this condition.	True
RespModel.AsthmaAnswers.IntermittentCondition	This condition is intermittent, triggered by a specific allergen and requires infrequent use of an inhaler.	True
RespModel.AsthmaAnswers.Medications	Please list any medications you are currently taking for this	N/A

## DiagnosisVerification

	condition. Separate individual medications with a comma	
RespModel.AsthmaAnswers.OpeningQuestion	Diagnosis: Asthma	True
RespModel.AsthmaAnswers.OtherAsthmaTrigger	Other	True
RespModel.AsthmaAnswers.OtherDifficulties	I have another respiratory or cardiac diagnosis that contributes to the symptoms in this condition	True
RespModel.AsthmaAnswers.WakingUp	My symptoms wake me up more than four times per month	True
RespModel.BaseQuestionsAnswers.HasCOPD	Chronic Obstructive Pulmonary Disease (COPD)	True
RespModel.BaseQuestionsAnswers.HasCysticFibrosis	Cystic Fibrosis	True
RespModel.BaseQuestionsAnswers.HasEmphysema	Emphysema	True
RespModel.BaseQuestionsAnswers.HasPulmonaryEmbolism	Pulmonary Embolism	True
RespModel.BaseQuestionsAnswers.HasSarcoidosis	Sarcoidosis of the lungs <b>and</b> take steroids for this condition	True
RespModel.AsthmaAnswers.ChangedMedicationsInLast3Months.List	List reasons	N/A
RespModel.AsthmaAnswers.ConditionResolved.Date	Date of resolution	1/1/2012
RespModel.AsthmaAnswers.EmergencyRoom.Date	Date	1/1/2012
RespModel.AsthmaAnswers.FollowUpRecommended.Description	Describe	N/A
RespModel.AsthmaAnswers.OtherAsthmaTrigger.Date	Date of last symptoms	1/1/2012
RespModel.AsthmaAnswers.OtherAsthmaTrigger.List	List triggers	N/A
RespModel.AsthmaAnswers.Symptoms.AreAnyOngoing		True
RespModel.AsthmaAnswers.Trigger.Dander	Animal Dander	True
RespModel.AsthmaAnswers.Trigger.Dust	Dust, Mold, and/or Pollen	True
RespModel.AsthmaAnswers.Trigger.Exercise	Exercise	True
RespModel.AsthmaAnswers.Trigger.ExtremeHotOrCold	Extreme hot or cold	True
RespModel.AsthmaAnswers.Trigger.SeasonalChanges	Seasonal Changes	True
RespModel.BaseQuestionsAnswers.HasCOPD.DiagnosisDate	Date of diagnosis:	1/1/2012
RespModel.BaseQuestionsAnswers.HasCOPD.ProviderLastSeenDate	When was the last time you saw a Health Care provider for this condition?	1/1/2012



## DiagnosisVerification

RespModel.BaseQuestionsAnswers.HasCysticFibrosis.DiagnosisDate	Date of diagnosis:	1/1/2012
RespModel.BaseQuestionsAnswers.HasCysticFibrosis.ProviderLastSeenDate	When was the last time you saw a Health Care provider for this condition?	1/1/2012
RespModel.BaseQuestionsAnswers.HasEmphysema.DiagnosisDate	Date of diagnosis:	1/1/2012
RespModel.BaseQuestionsAnswers.HasEmphysema.ProviderLastSeenDate	When was the last time you saw a Health Care provider for this condition?	1/1/2012
RespModel.BaseQuestionsAnswers.HasPulmonaryEmbolism.DiagnosisDate	Date of diagnosis:	1/1/2012
RespModel.BaseQuestionsAnswers.HasPulmonaryEmbolism.ProviderLastSeenDate	When was the last time you saw a Health Care provider for this condition?	1/1/2012
RespModel.BaseQuestionsAnswers.HasSarcoidosis.DiagnosisDate	Date of diagnosis:	1/1/2012
RespModel.BaseQuestionsAnswers.HasSarcoidosis.ProviderLastSeenDate	When was the last time you saw a Health Care provider for this condition?	1/1/2012
RespModel.AsthmaAnswers.Trigger.Dander.Date	Date of last symptoms	1/1/2012
RespModel.AsthmaAnswers.Trigger.Dander.List	List triggers	N/A
RespModel.AsthmaAnswers.Trigger.Dust.Date	Date of last symptoms	1/1/2012
RespModel.AsthmaAnswers.Trigger.Dust.List	List triggers	N/A
RespModel.AsthmaAnswers.Trigger.Exercise.Date	Date of last symptoms	1/1/2012
RespModel.AsthmaAnswers.Trigger.ExtremeHotOrCold.Date	Date of last symptoms	1/1/2012
RespModel.AsthmaAnswers.Trigger.ExtremeHotOrCold.List	List	N/A
RespModel.AsthmaAnswers.Trigger.SeasonalChanges.Date	Date of last symptoms	1/1/2012

## Rheumatology and Immunology

ID	Question Text	Answer Text
ImmuModel.ChronicFatigueSyndromeAnswers.ChangedMeds	My doctor changed my medication <b>in the past three months</b> (either stopped or started a medication or changed the dosage of a current medication).	True
	I have had a	

## DiagnosisVerification

ImmuModel.ChronicFatigueSyndromeAnswers.DiagnosticTests	blood test or other diagnostic tests <b>in the past year</b> due to this condition.	True
ImmuModel.ChronicFatigueSyndromeAnswers.HasMedications	I require medication either <b>daily or as needed</b> for this condition.	True
ImmuModel.ChronicFatigueSyndromeAnswers.HasRestrictions	I have restrictions to my activity due to this condition (for example, I can't run, squat).	True
ImmuModel.ChronicFatigueSyndromeAnswers.HasSymptoms	I have/had symptoms due to this condition.	True
ImmuModel.ChronicFatigueSyndromeAnswers.Medications	Please list any medications you are currently taking for this condition. Separate individual medications with a comma.	N/A
ImmuModel.ChronicFatigueSyndromeAnswers.MissedWork	I have missed work or school more than once <b>in the past year</b> due to this condition.	True
ImmuModel.ChronicFatigueSyndromeAnswers.OpeningQuestion	Chronic Fatigue Syndrome	True
ImmuModel.ImmuBaseAnswers.AnkylosingSpondylitis	Ankylosing Spondylitis	True
ImmuModel.ImmuBaseAnswers.PolymyositisOrDermatomyositis	Polymyositis; Dermatomyositis	True
ImmuModel.ImmuBaseAnswers.PsoriaticArthritis	Psoriatic Arthritis	True
ImmuModel.ImmuBaseAnswers.Scleroderma	Scleroderma	True
ImmuModel.ImmuBaseAnswers.SystemicLupusErythematosus	Systemic Lupus Erythematosus	True
ImmuModel.RheumatoidAnswers.ChangedMeds	My doctor changed my medication <b>in the past three months</b> (either stopped or started a medication or changed the dosage of a current medication).	True
ImmuModel.RheumatoidAnswers.ConditionResolved	This condition has been resolved without symptoms <b>for over a year</b> , I have no restrictions or limitations due to this condition and it requires no further follow up.	True
ImmuModel.RheumatoidAnswers.DiagnosticTests	I have had a blood test or other diagnostic tests <b>in the past year</b> due to this condition.	True
	I have been to an	

## DiagnosisVerification

ImmuModel.RheumatoidAnswers.EmergencyRoom	emergency room or urgent care center or have been hospitalized in <b>the past two years</b> due to this condition.	True
ImmuModel.RheumatoidAnswers.HasMedications	I require medication either <b>daily or as needed</b> for this condition.	True
ImmuModel.RheumatoidAnswers.HasOngoingMedicalProblems	I have ongoing medical problems due to this condition.	True
ImmuModel.RheumatoidAnswers.HasRestrictions	I have restrictions to my activity due to this condition (for example, I can't run, squat).	True
ImmuModel.RheumatoidAnswers.HasSymptoms	I have/had symptoms due to this condition.	True
ImmuModel.RheumatoidAnswers.Medications	Please list any medications you are currently taking for this condition. Separate individual medications with a comma.	N/A
ImmuModel.RheumatoidAnswers.MissedWork	I have missed work or school more than once <b>in the past year</b> due to this condition.	True
ImmuModel.RheumatoidAnswers.OpeningQuestion	Rheumatoid Arthritis	True
ImmuModel.RheumatoidAnswers.PersonalStatement	<p>Please respond to all of the bullet points below.</p> <ul style="list-style-type: none"> <li>• How does this condition affect your activities of daily living/work?</li> <li>• What is your plan for managing any symptoms while serving with the Peace Corps?</li> <li>• Describe your response to all treatments prescribed for this</li> </ul>	N/A

DiagnosisVerification

	<p>condition.</p> <ul style="list-style-type: none"> <li>Do you have any concerns related to this condition that may impact on your ability to serve 27 months with the Peace Corps? If so, please describe.</li> </ul>	
ImmuModel.RheumatoidAnswers.ProviderLastSeenDate	When was the last time you were seen by a health care professional for this condition?	1/1/2012
ImmuModel.RheumatoidAnswers.UsesOtherTherapies	I currently utilize other forms of therapy in the treatment of my condition (exercise, massage, physical therapy).	True
ImmuModel.RheumatoidAnswers.WillNeedToSeeSpecialist	I will need to see a specialist or have specific follow up for this condition for the next three years.	True
ImmuModel.ChronicFatigueSyndromeAnswers.ChangedMeds.reasons	List reasons for change:	N/A
ImmuModel.ChronicFatigueSyndromeAnswers.Diagnosis.Date	Date of diagnosis:	1/1/2012
ImmuModel.ChronicFatigueSyndromeAnswers.HasRestrictions.list	List:	N/A
ImmuModel.ChronicFatigueSyndromeAnswers.Symptoms.AreAnyOngoing		True
ImmuModel.ImmuBaseAnswers.AnkylosingSpondylitis.Date	Date of diagnosis:	1/1/2012
ImmuModel.ImmuBaseAnswers.AnkylosingSpondylitis.ProviderLastSeenDate	When was the last time you saw a health care provider for this condition?	1/1/2012
ImmuModel.ImmuBaseAnswers.PolymyositisOrDermatomyositis.Date	Date of diagnosis:	1/1/2012
ImmuModel.ImmuBaseAnswers.PolymyositisOrDermatomyositis.ProviderLastSeenDate	When was the last time you saw a health care provider for this condition?	1/1/2012
ImmuModel.ImmuBaseAnswers.PsoriaticArthritis.Date	Date of diagnosis:	1/1/2012
ImmuModel.ImmuBaseAnswers.PsoriaticArthritis.ProviderLastSeenDate	When was the last time you saw a health care provider for this condition?	1/1/2012
ImmuModel.ImmuBaseAnswers.Scleroderma.Date	Date of diagnosis:	1/1/2012
ImmuModel.ImmuBaseAnswers.Scleroderma.ProviderLastSeenDate	When was the last time you saw a health care	1/1/2012

DiagnosisVerification

	provider for this condition?	
ImmuModel.ImmuBaseAnswers.SystemicLupusErythematosus.Date	Date of diagnosis:	1/1/2012
ImmuModel.ImmuBaseAnswers.SystemicLupusErythematosus.ProviderLastSeenDate	When was the last time you saw a health care provider for this condition?	1/1/2012
ImmuModel.RheumatoidAnswers.ChangedMeds.reasons	List reasons for change:	N/A
ImmuModel.RheumatoidAnswers.ConditionResolved.date	Date of resolution:	1/1/2012
ImmuModel.RheumatoidAnswers.HasOngoingMedicalProblems.list	List:	N/A
ImmuModel.RheumatoidAnswers.HasRestrictions.list	List:	N/A
ImmuModel.RheumatoidAnswers.Rheumatoid.date	Date of diagnosis:	1/1/2012
ImmuModel.RheumatoidAnswers.Symptoms.AreAnyOngoing		True
ImmuModel.RheumatoidAnswers.UsesOtherTherapies.list	List:	N/A
ImmuModel.RheumatoidAnswers.WillNeedToSeeSpecialist.description	Describe:	N/A

**Urology and Nephrology**

ID	Question Text
UrologyAndNephrologyModel.CysticDisease	Cystic Diseases of
UrologyAndNephrologyModel.Glomerulonephritis	Glomerulonephritis
UrologyAndNephrologyModel.Nephrectomy	Nephrectomy, Solit Horseshoe Kidney
UrologyAndNephrologyModel.Nephritis	Nephritis, Renal Fa
UrologyAndNephrologyModel.SeenDoctorInLast24Months	In the past two ye seen a Primary Car Nephrologist, Urolo doctor for a urinary bladder or kidney c you are unsure, cli list of condition).
UrologyAndNephrologyModel.CysticDisease.DiagnosisDate	Date of diagnosis:
UrologyAndNephrologyModel.CysticDisease.ProviderLastSeenDate	When was the last a health care provi condition?
UrologyAndNephrologyModel.CystitisAnswers.AbnormalAnatomyOfUrinaryTract	I am male and I ha abnormality in the my urinary tract th cause of my sympt
UrologyAndNephrologyModel.CystitisAnswers.CausedByInterstitialCystitis	I have been told m are caused by inter
UrologyAndNephrologyModel.CystitisAnswers.CausedByOtherDisease	I have/had anothe process (such as R syndrome) that cau condition
UrologyAndNephrologyModel.CystitisAnswers.DateOfDiagnosis	Date of diagnosis:
UrologyAndNephrologyModel.CystitisAnswers.DateOfResolution	Date of resolution:
UrologyAndNephrologyModel.CystitisAnswers.HadDiagnosisInPast6Mnth	I have had blood to diagnostic testing (ultrasound) in the due to this conditio
UrologyAndNephrologyModel.CystitisAnswers.HadSurgery	I had surgery due condition
UrologyAndNephrologyModel.CystitisAnswers.HadSymptoms	I have/had sympto this condition
UrologyAndNephrologyModel.CystitisAnswers.Medications	Please list any mec are currently taking condition. Separate

	medications with a
UrologyAndNephrologyModel.CystitisAnswers.MoreThanOnce	I have had this cor than once in the la
UrologyAndNephrologyModel.CystitisAnswers.NeedFutureSurgery	I have been told I need, surgery in th to this condition
UrologyAndNephrologyModel.CystitisAnswers.NeedToSeeSpecialist	I will need to see a have specific follow condition over the
UrologyAndNephrologyModel.CystitisAnswers.NoSymptoms	This condition is re: without symptoms months, I have no limitations due to t and it requires no l up
UrologyAndNephrologyModel.CystitisAnswers.NumberOfTimesInLast2Yrs	List number of time
UrologyAndNephrologyModel.CystitisAnswers.OpeningQuestion	Diagnosis: Cystitis Infection, Bladder I
UrologyAndNephrologyModel.CystitisAnswers.PersonalStatement	Please respond to bullet points below <ul style="list-style-type: none"> <li>• How does th affect your a daily living/w</li> <li>• What is your managing ar while serving Peace Corps</li> <li>• Describe you all treatment for this cond</li> <li>• Do you have related to th that may imp ability to ser with the Pea so, please di</li> </ul>
UrologyAndNephrologyModel.CystitisAnswers.RequireMedication	I require medicatio or as needed for th
UrologyAndNephrologyModel.Glomerulonephritis.AcuteChronic	Glomerulonephritis
UrologyAndNephrologyModel.Glomerulonephritis.DiagnosisDate	Date of diagnosis:
UrologyAndNephrologyModel.Glomerulonephritis.ProviderLastSeenDate	When was the last a health care provi condition?
UrologyAndNephrologyModel.Nephrectomy.DiagnosisDate	Date of diagnosis:
UrologyAndNephrologyModel.Nephrectomy.ProviderLastSeenDate	When was the last a health care provi condition?
UrologyAndNephrologyModel.Nephritis.AcuteChronic	Nephritis_AcuteChi
UrologyAndNephrologyModel.Nephritis.DiagnosisDate	Date of diagnosis:
UrologyAndNephrologyModel.Nephritis.ProviderLastSeenDate	When was the last a health care provi condition?
UrologyAndNephrologyModel.ProstatitisAnswers.AbnormalAnatomyOfUrinaryTract	I am male and I ha abnormality in the my urinary tract th cause of my sympt
UrologyAndNephrologyModel.ProstatitisAnswers.CausedByInterstitialCystitis	I have been told m are caused by inter
UrologyAndNephrologyModel.ProstatitisAnswers.CausedByOtherDisease	I have/had anothe process (such as R syndrome) that cau

DiagnosisVerification

	condition
UrologyAndNephrologyModel.ProstatitisAnswers.DateOfDiagnosis	Date of diagnosis:
UrologyAndNephrologyModel.ProstatitisAnswers.HadDiagnosisInPast6Mnth	I have had blood test diagnostic testing (ultrasound) in the past 6 months due to this condition
UrologyAndNephrologyModel.ProstatitisAnswers.HadSurgery	I had surgery due to this condition
UrologyAndNephrologyModel.ProstatitisAnswers.HadSymptoms	I have/had symptoms of this condition
UrologyAndNephrologyModel.ProstatitisAnswers.Medications	Please list any medications you are currently taking for this condition. Separate medications with a comma
UrologyAndNephrologyModel.ProstatitisAnswers.MoreThanOnce	I have had this condition more than once in the last 6 months
UrologyAndNephrologyModel.ProstatitisAnswers.NeedFutureSurgery	I have been told I need, surgery in the future due to this condition
UrologyAndNephrologyModel.ProstatitisAnswers.NumberOfTimesInLast2Yrs	List number of times you have had this condition in the last 2 years
UrologyAndNephrologyModel.ProstatitisAnswers.OpeningQuestion	Diagnosis: Prostatitis (Infection)
UrologyAndNephrologyModel.ProstatitisAnswers.RequireMedication	I require medication for this condition or as needed for treatment
UrologyAndNephrologyModel.CystitisAnswers.NeedFutureSurgery.Desc	Describe:
UrologyAndNephrologyModel.CystitisAnswers.NeedToSeeSpecialist.Desc	Describe:
UrologyAndNephrologyModel.CystitisAnswers.Symptoms.AreAnyOngoing	
UrologyAndNephrologyModel.ProstatitisAnswers.NeedFutureSurgery.Desc	Describe:
UrologyAndNephrologyModel.ProstatitisAnswers.Symptoms.AreAnyOngoing	

**All Other Body Systems**

ID	Question Text	Answer Text
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# Peace Corps

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I Elizabeth Kehne confirm that all of my previous answer were truthful and complete to the best of my knowledge.

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Signature:

Elizabeth Kehne

**Elizabeth Kehne**

Date of Birth:

01/01/1970

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