



MEDICAL MISSION TO ECUADOR: QUITO AND THE AMAZON

March 14-23, 2008

Dear Medical Mission Applicant,

Have you ever had the desire to walk the Equator, or trek through the cloud forests of Ecuador? Now is your chance! This March NSU DOCARE will be traveling to Ecuador, visiting the beautiful city of Quito and the wonders of the Amazon. This unique opportunity offers the chance to serve indigent tribes of the Amazon rainforest, in addition to tubing down the tributaries of the Amazon, bathing in Ecuador's hot springs, working with physicians, and most importantly serving the medical needs of these communities.

Below are some of the quick reference basics regarding our mission:

- The mission is from **March 14-23, 2008**, please see Page 2 for more details.
- The tentative cost is \$1650.00 including flight to and from Miami, hotel stays, transportation, two to three meals per day, some of the activities listed below.
- **COMPLETED applications and \$1,650 check** are **due on or before Friday, January 5th 2008** and must be given to a DOCARE executive board member.

TABLE OF CONTENTS:

Trip itinerary and information	2-4
Application Checklist	4
Applications	5-6
Waiver of Liability	7-8
Altitude Questionnaire	9
Roommate Preferences	10

Availability:

ALL students must be DOCARE members. There is great interest in this mission, but we can obviously take only a finite number of students. We will of course try to take as many as we can, but get your application and payment in as soon as possible because if we must choose students who will participate preference will be given as follows:

- 1) Students bringing a physician/PA/Nurse practitioners
- 2) OMS II students
- 3) Spanish speakers and/or having taken the Medical Missions or Medical Spanish course
- 4) ACTIVE Membership in DOCARE (meeting and events attendance, helping with drug packing and fundraising, ect)

All participation information will be verified with the appropriate sources.

All of the forms are available on our website at www.nsudocare.org. Please READ this packet thoroughly. If you then have questions please don't hesitate to contact the NSU-COM DOCARE president Joshua Chuck Green at greejosh@nova.edu or 319-400-7472 or vice president Mary Chrisochos at chrisoch@nova.edu or 954-817-5180.



DOCARE
Nova Southeastern University
College of Osteopathic Medicine

Trip Itinerary and Information

Dear Students,

Thank you so much for your interest in NSU-COM and DOCARE's trip to the Amazon of Ecuador in the Spring of 2008. Please read on for details. This information is accurate at this time, but as one would expect with large groups and international travel, this is tentative. **We appreciate your patience and flexibility as we work to prepare for this mission.**

This mission will be based out of Quito and will include patient care both in Quito around the Hosteria we are staying in as well as in clinics along our way to the Amazon Basin. Upon arrival on Saturday, an afternoon/evening opportunity to sight see in Quito is planned. Sunday afternoon will begin patient care in Quito. Two days will be spent serving patients in this area. Tuesday the trip will leave for the cloud forest, making a stop along the way at the natural hot springs of this region. You will have the opportunity to bathe in these springs. One to days will then be spent serving patients in Baeza and Quijos east of Quito. We will then continue on to the rain forest to serve patients and sight see. A side trip will also be made to visit the equator. After staying in the Tena-Napo of the Amazon in Ecolodges in beautiful jungle surroundings, we will enjoy a river tubing ride down a tributary of the Amazon and a jungle educational walk. The trip will return to Quito on Thursday or Friday evening. The trip will be based out of **Hosteria San Jorge in Quito, which is an 80-acre ecological reserve (check out the web site on our host site (<http://www.hostsanjorge.com.ec/english/archeology.html>))**. Throughout our trip we will be accompanied by Jorge of San Jorge himself as well as his staff that will drive our tour buses, assist with distributing lunches, as well as be our general advocates and guides throughout the trip. We were very well taken care of last year- including a fresh bottle of water by our beds in the evening. What you can expect: Although we see patients in some remote locations, our accommodations are quite nice. You **will have hot water, shower, three meals a day, bottled water, and a bed**. Students share rooms, but are able to provide a preference list of room mates. We expect to see about **2,500 patients over 4 days (about 30 clinic hours)**. Much of the trip requires bus rides to reach our destination. We travel from the capital city of Quito and work our way east into the Amazon basin, seeing patients, taking in the scenery, and sight seeing along the way. **We visit sites specified by the Ecuadorian government to be in extreme need and are areas of true poverty**. Last year we most commonly saw patients with: parasitic infections, fungal infections, acute infections, and musculoskeletal pain. **Unique cases** included multiple patients with AAAs, Leishmaniasis, Scabies, and blindness in twin girls due to maternal Chlamydia.

- **For fun** we visited the beautiful colonial city of Quito, Ecuador, hiked to a waterfall, rode inner tubes down a tributary of the Amazon, hiked through a beautiful section of rain forest, bathed in the natural springs of mountain water, and enjoyed **cultural presentations** from a traditional **Shaman medicine man** and the Children's Performing Arts School of Baeza, Ecuador.

Ecuador Mission 2008

- *Dates:* Saturday March 14-23, 2008
- *Cost:* \$1,650 all inclusive cost including air fare, most meals, and accommodations. **Students may be refunded money depending on their individual fundraising efforts and earnings.**
- *Applications:* Applications will be made available electronically in November and will be due on **January 5th 2008. Applications must be complete in order to be accepted for submission. Please make sure to submit ALL items on the check list!**
- *Locations:* Quito, Baeza, Quijos, and Tena-Napo Amazonica of Ecuador. We will visit a variety of clinics in these towns. Our home base will be *Hosteria San Jorge*
<http://www.hostsanjorge.com.ec/>
- *Group size:* approximately 20 physicians/NP/PA, and about 40 students. Our goal is a 2:1 student to doctor ratio to maximize the learning experience for the students.
- *Types of physicians:* primary care specialties including Peds, Internal Medicine, Family Medicine, Optometrists, Dentists, Pharmacists, ER Physicians, ect.
- *Special skills:* Spanish Speakers are extremely helpful to us! Interest in Osteopathic Manipulative medicine is also a great asset.
- *How to prepare:* Make sure your **passport** is up to date and consider **vaccinations** recommended for travelers by the CDC website. We recommend anti Malarial prophylaxis such as Malarone, Aralen, or Doxycycline. Vaccines recommended include Typhoid Fever, Yellow Fever, and HepA/B. And of course **start setting money aside** as applications will be due soon.

What physicians preceptors expect from their students:

We are very grateful to have physicians volunteer to work, teach, and explore with us. Students are expected to know and be comfortable in using their history and physical exam skills, be self motivated and brush up on exam skills to be of most help to the people we serve. Also, students should be very committed to learning and advancing their clinical and communication skills and be willing to be enthusiastic and hard working.



ECUADOR APPLICATION PACKET CHECKLIST

COMPLETED APPLICATIONS DUE ON OR BEFORE: January 5th, 2008

The following are the documents and instruction checklist for a complete application packet. The following must be submitted as part of the completed application packet and payment to a DOCARE executive board member. Please paperclip the following completed items in order as follows:

A COMPLETE APPLICATION INCLUDES PAGES 4-10 OF THIS DOCUMENT!

- Application Packet Checklist
- Both Application Forms on pages 5 and 6 * Name as it appears on passport*
- Waiver of Liability
- Altitude questionnaire
- Roommate Assignment Sheet
- One (1) photocopy proof of Emergency Insurance
- THREE (3) clear photocopies of your passport
- \$1,650 check made payable to DOCARE**

*****NOTE: If ANY documents are missing or if each form is not completed in its entirety, the application will NOT be accepted.*****

- **WE STRONGLY SUGGEST THAT YOU MAKE A PHOTOCOPY OF THE COMPLETED APPLICATION, PASSPORT, AND PAYMENT FOR YOUR RECORDS.**
- On the application, please write your name exactly as it appears on your passport. If you are married and recently changed your last name, do not write your married name unless you have officially changed it with the Embassy and have the attached renewal.
- The altitude questionnaire is not only for our knowledge, but also yours. The elevation of Quito is approximately 10,500 ft above sea level and altitude sickness is a common occurrence when traveling, especially from Florida.
- Family members are welcome to help with the mission and join you in Ecuador. They will need to complete an application packet as well. **Based on availability**, volunteers will be ranked according to triage experience and/or Spanish fluency.
- We suggest that each traveler to have emergency insurance. In the event of an emergency, you will have the option to be evacuated out of Ecuador and back to the United States to receive your care. If you are currently covered under NSU's Chickering Insurance Plan, this coverage is included and you simply need to provide a copy of the *front and back* of your insurance card on the same 8 ½ X 11 sheet of paper. If you do not carry NSU's insurance, this extra coverage can be purchased for a small fee, around \$70, by contacting Medex at <http://www.medexassist.com/safetrip.cfm>. There are other providers, such as American Express, ect which you may use.
- The passport copies must be on separate 8 ½ X 11 sheets of paper and the photograph must be clear.
- The rooms will accommodate anywhere between 2-6 people. We will attempt to match you top choices, however, if that is not a possibility, we will have additional roommate to choose from for you. If you do not feel comfortable sharing a bed, please indicate it on the sheet. Also, men and women will not be assigned to the same room, unless specifically requested. If you are traveling with a spouse/significant other and request a separate room for the two of you, please indicate that as well.
- We will be staying at Hosteria San Jorge, which includes two-three meals/day, transportation, and activities. You may visit their website at <http://www.hostsanjorge.com.ec>.



**Nova Southeastern University
College of Osteopathic Medicine**

DOCARE copy

DOCARE

ECUADOR MISSION APPLICATION

MARCH 14-23, 2008

Name (on passport)			
E-mail		Cell phone	- -
Mailing address		Home phone	- -
		Office phone	- - ext.

STUDENTS ONLY (*IN GOOD ACADEMIC STANDING)			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
OMS I _____	OMS II _____	PA _____	OTHER _____
* NSU-COM POLICY: STUDENTS MAY NOT PARTICIPATE IF THEY HAVE FAILED ANY COURSES – INCLUDING MANDATORY ATTENDANCE COURSES. YOU MUST ALSO NOT BE ON AN ACTION PLAN BY THE UNIVERSITY.			

Emergency Contact Information:

Name _____ Relationship _____

Address: _____

Daytime Phone _____ Evening Phone _____

E-mail _____

Additional Information:

- 1) Are you a student bringing physician/PA/NP? (preceptor must also submit an application) _____
- 2) Spanish proficiency (fluent, intermediate, beginner, none) _____
- 3) Are you enrolled in the Medical Missions Course? _____
- 4) Did you participate in the Medical Spanish Course in 2007? _____
- 5) Previous medical mission experience? _____ If yes, where? _____
- 6) Additional comments: _____

Unfortunately there will be no refunds.

If you choose to make your own airline and airport transportation arrangements please indicate this on your application under additional comments and make your check out for \$1,040. Tourist side trips apart from those of the group are not included in price.

Your check will be held until we evaluate how many physicians and students may participate. You will be contacted to confirm your acceptance and attendance for the mission. Checks will only be

cached once all mission participants are contacted. Further trip details and information will be distributed to participants once selected.

Admin copy



**Nova Southeastern University
College of Osteopathic Medicine**

DOCARE

ECUADOR MISSION APPLICATION

MARCH 14-23, 2007

Name (on passport)			
E-mail		Cell phone	- -
Mailing address		Home phone	- -
		Office phone	- - ext.

STUDENTS ONLY (*IN GOOD ACADEMIC STANDING) YES NO

OMS I _____ OMS II _____ PA _____ OTHER _____

* NSU-COM POLICY: STUDENTS MAY NOT PARTICIPATE IF THEY HAVE FAILED ANY COURSES – INCLUDING MANDATORY ATTENDANCE COURSES. YOU MUST ALSO NOT BE ON AN ACTION PLAN BY THE UNIVERSITY.

Emergency Contact Information:

Name _____ Relationship _____

Address: _____

Daytime Phone _____ Evening Phone _____

E-mail _____

Additional Information:

- 1) Are you a student bringing physician/PA/NP? (preceptor must also submit an application) _____
- 2) Spanish proficiency (fluent, intermediate, beginner, none) _____
- 3) Are you enrolled in the Medical Missions Course? _____
- 4) Did you participate in the Medical Spanish Course in 2007? _____
- 5) Previous medical mission experience? _____ If yes, where? _____
- 6) Additional comments: _____

Unfortunately there will be no refunds.

If you choose to make your own airline and airport transportation arrangements please indicate this on your application under additional comments and make your check out for \$1,040. Tourist side trips apart from those of the group are not included in price

Your check will be held until we evaluate how many physicians and students may participate. You will be contacted to confirm your acceptance and attendance for the mission. Checks will only be cashed once all mission participants are contacted. Further trip details and information will be distributed to participants once selected.

NSU-COM INTERNATIONAL MEDICAL OUTREACH **RELEASE OF LIABILITY AND ASSUMPTION OF RISKS**

THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISKS (the "Release") is executed by me, [REDACTED] whose address is [REDACTED] in favor of NOVASOUTHEASTERN UNIVERSITY, INC., a Florida not for profit corporation (the "University"), whose address is 3301 College Avenue, Fort Lauderdale, Florida 33314.

1. **PARTICIPATION IN THE TRIP.** I desire to participate in a trip to **Ecuador** (state/country) scheduled to occur from **3/14/08** (beginning date) through **3/23/08** (ending date) for the primary purposes of **travel** (reason) (the "Trip"). I acknowledge that I am not required as part of my academic program or otherwise to participate in the Trip.
2. **WAIVER OF UNIVERISTY LIABILITY FOR DANGERS AND RISKS.** I understand that there are certain dangers, hazards, and risks inherent in international travel and the activities to be engaged in during this Trip to **Ecuador**, which can cause personal injury, death and property damage. I further understand that the University cannot and does not assume responsibility for any such personal injury, death or property damage.
3. **ASSUMPTION OF RISKS.** Notwithstanding the dangers, hazards, and risks involved, and in consideration of being permitted to participate in the Trip:
 - (i) I agree to assume all the risks surrounding my participation in the Trip and in the activities I undertake in connection therewith; and
 - (ii) I release and forever discharge the University, its trustees, officers, agents, employees, and any students acting as employees (hereafter collectively call the "Releases"), from any and all liability for any injury, damage, claim, demand, action, cost, and expense of any nature that I may at any time have or incur, arising out of or in any manner related to any loss, damage, injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, while in **Ecuador** (state or country) or in transit to and from **Ecuador** (state/country).
4. **DISCLAIMER OF UNIVERSITY RESPONSIBILITY.** I understand and agree that the University is
 - (i) not responsible or liable for any injury, damage, loss, accident or delay which may be caused by a defect in any vehicle or other mode of transportation, or the negligence or other wrongful act of any party engaged to provide services connected with the trip.
 - (ii) not responsible or liable for any injury, damage, loss or expense due to sickness, weather, strikes, hostilities, wars, natural disasters, terrorism, or other such causes,
 - (iii) not responsible or liable for disruption of travel arrangements, or any consequent additional expenses that me be incurred therefrom, and
 - (iv) not responsible or liable for any loss, damage, or theft of my luggage or other personal belongings.
5. **RESPONSIBILITY FOR MEDICAL NEEDS.** I represent to the University that I am aware of my personal medical needs and that there are no health-related reasons or problems which preclude or restrict my participation in the Trip. I acknowledge that the University has strongly recommended that I obtain insurance coverage valid in **Ecuador** (state/country) to protect against the cost of hospitalization and physician care in the event of sickness, accident, injury and disability. I understand that I am solely responsible for obtaining such insurance and that I will have a copy of such insurance on my person while traveling. I further understand and agree that (i) the University is not responsible for attending to any of my medical or medication needs, (ii) I assume all risks and responsibility for my medical and medication needs, and (iii) if I am required to be hospitalized at any time during the Trip, the University does not assume any legal responsibility for payment of such costs.
6. **EMERGENCY MEDICAL TREATMENT.** I understand that the Releases do not have medical personnel available at any time during the Trip. I grant the Releases permission to authorize emergency medical treatment, including surgery, and I agree that such action by the Releases shall be subject to the terms of this Release. I understand and agree that Releases assume no liability or responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
7. **LEGAL PROBLEMS.** I understand that if I have a legal problem in **Ecuador** (state/country) during the Trip, I will attend to the matter personally with my own funds and that the University is not responsible for providing any assistance to me under such circumstances.
8. **BINDING NATURE OF RELEASE.** It is my express intent that this Release shall bind the members of my family (including my spouse, if any) if I am alive, and my heirs, personal representatives, successors, and assigns if I am deceased.
9. **INDEMNIFICATION.** I agree to indemnify, defend and hold the Releases harmless from any liability, claim, action, debt, damage, loss, cost and expense of every kind or nature asserted by any party against any Releases or incurred by any Release and arising directly or indirectly from or in connection with my participation in the Trip or any of the activities I engage in during the Trip.

10. **RESERVATION OF RIGHTS.** I acknowledge that the University reserves the following rights that it may exercise in its sole discretion: (i) the right to cancel the Trip, and (ii) the right to make alterations, changes, and modifications in any part of the Trip itinerary and the activities in connection therewith.
11. **PASSPORT, VISA AND VACCINATIONS.** I understand that I am responsible for obtaining my own passport, visa, and public health vaccinations.
12. **COMPLIANCE WITH LAWS.** I agree to comply with all laws of Ecuador (state/country) during the Trip.
13. **DISCLOSURE. THE UNIVERSITY HAS INFORMED ME THAT BY SIGNING THIS DOCUMENT I RELEASE AND WAIVE CERTAIN LEGAL RIGHTS THAT I OTHERWISE MIGHT HAVE, AND THAT I SHOULD READ THE DOCUMENT CAREFULLY AND UNDERSTAND IT FULLY BEFORE SIGNING.**
14. **REPRESENTATIONS.** I represent to the University that (i) I have read this Release and fully understand its contents and the effect of its terms and provisions, (ii) I sign the Release as my own free act and deed, (iii) with respect to the matters set forth in this Release, no oral representations, statements or inducements other than those expressly contained herein have been made to me by any of the Releases, and (iv) I am over eighteen (18) years of age and fully competent to sign this Release, and (v) I execute this release for complete and adequate consideration, fully intending to be bound by the same.
15. **GOVERNING LAW.** I agree that this Release shall be constructed in accordance with the laws of the State of Florida.
16. **PARTIAL INVALIDITY.** If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, then I agree that the validity of all remaining terms and provisions shall not be affected thereby.

IN WITNESS WHEREOF, I have executed this Release of Liability and Assumptions of Risks this _____ day of _____, _____.

WITNESSES:

Signature

Printed Name

Signature

Printed Name

STUDENT:

Signature

Printed Name

EXHIBIT "A"

Problems and hazards that participants can experience:

- 1) Poor quality food or drinking water;
- 2) Food poisoning and/or skin rashes;
- 3) Circumstances of travel via plane, or local automobile;
- 4) Pick pockets, or theft at hotel or elsewhere during trip;
- 5) Sexual harassment and unwarranted sexual advances;
- 6) Natural events, e.g. earthquakes, tropical storms, volcanic activity, etc.
- 7) High altitude nausea, nose bleeds, headaches;
- 8) Drug availability and severe police/legal penalties;
- 9) Possible political instability;
- 10) Kidnapping, torture and death;
- 11) Guerrilla warfare;
- 12) Drug cartel violence;
- 13) Terrorist activity of any kind;
- 14) And any other unforeseen circumstances that can cause problems, permanent damage or even death.



DOCARE
Nova Southeastern University
College of Osteopathic Medicine

ALTITUDE QUESTIONNAIRE

We will be setting up medical clinics in Quito and the Amazon at an elevation that may exceed 10,500 ft, which means that you must be physically capable of working at a very high altitude. The trip to some of our sites can be difficult and may take several hours; the roads are rocky and extremely rough. In order to screen for medical capability of the mission participants, it is imperative that you complete this questionnaire honestly and completely. All information will be kept confidential.

Your Name:

Please write yes or no to the following:

Have you ever had altitude sickness?

Do you currently have any respiratory dysfunctions or illnesses?

Have you ever had pulmonary edema?

Have you ever had cerebral edema?

Do you have hypertension or cardiac disease?

Do you currently have anemia?

Do you currently take steroids?

Do you currently have asthma?

Do you have any other significant health illnesses?

Comments:



DOCARE
Nova Southeastern University
College of Osteopathic Medicine

ROOMMATE PREFERENCES

Please list your top six (6) choices for roommates. In the event that we are not able to place you with your top four choices, we will have additional options for your preference regarding room assignments.

Please check here if you would prefer not to share a bed.

Please check here if you have a spouse or significant other that you would prefer to room with.

(Please note that there may be an additional cost)

Name of spouse/significant other _____

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____