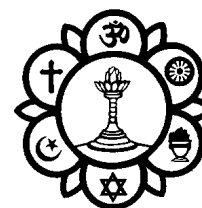




**SATHYA SAI ORGANISATION**  
(Australia & Papua New Guinea)



Sai Medical Camp Fiji  
12<sup>th</sup> - 18<sup>th</sup> July 2008

**Accompanying Person/s Form**

Please kindly complete and return this form by **31<sup>st</sup> March 2008**  
for our records.

**PERSONAL DETAILS:**

First Name: .....

Surname: .....

Gender: .....

Date of Birth: .....

Address: .....

Home phone no: .....

Work phone no: .....

Mobile no: .....

E-mail address: .....

**PASSPORT DETAILS:**

Full name as appears on passport: .....

Nationality: .....

Place of Birth: .....

Passport Number: .....

Date of Issue: .....

Date of Expiry: .....

Authority: .....

**TRAVEL DETAILS:**

Name of member of Sai Medical Unit that you are accompanying: .....

Frequent Flyer Points details: .....

Travel Insurance required: Yes  No

**IMMUNISATION DETAILS:**

Hepatitis A: Yes  No

Hepatitis B serology: Yes  No

Measles, Mumps, Rubella: Yes  No

Diphtheria, Tetanus, Pertussis: Yes  No

Polio: Yes  No

Typhoid: Yes  No

Tuberculosis (BCG)/Mantoux test: Yes  No

Yellow fever: Yes  No

**SPECIAL NEEDS (PLEASE SPECIFY DETAILS):**

Diet: .....

Medical/Health-related: .....

Other: .....

**NEXT OF KIN:**

Name: .....

Relation: .....

Address: .....

Phone no: .....

**PLEASE ATTACH THE FOLLOWING:**

1. Certified copy of passport

*Please forward the completed form along with the additional attachments to the following address by the **31<sup>st</sup> of March 2008:***

***Dr Sharanyaa Sivagnanapiragasam  
5/96A Baker St,  
Carlingford, NSW 2118***