

Magen David Adom International Seminar

On Emergency Response

Background Information Questionnaire

3-8 December, 2023

**Basic Information:**

Legal Name:

Gender: Female / Male

Date of Birth:

Passport number:

Shirt size: small, medium, large, extra large

Health Insurance Company:

Please specify any dietary restrictions that you have:

**Contact Information**

Email:

Telephone Number:

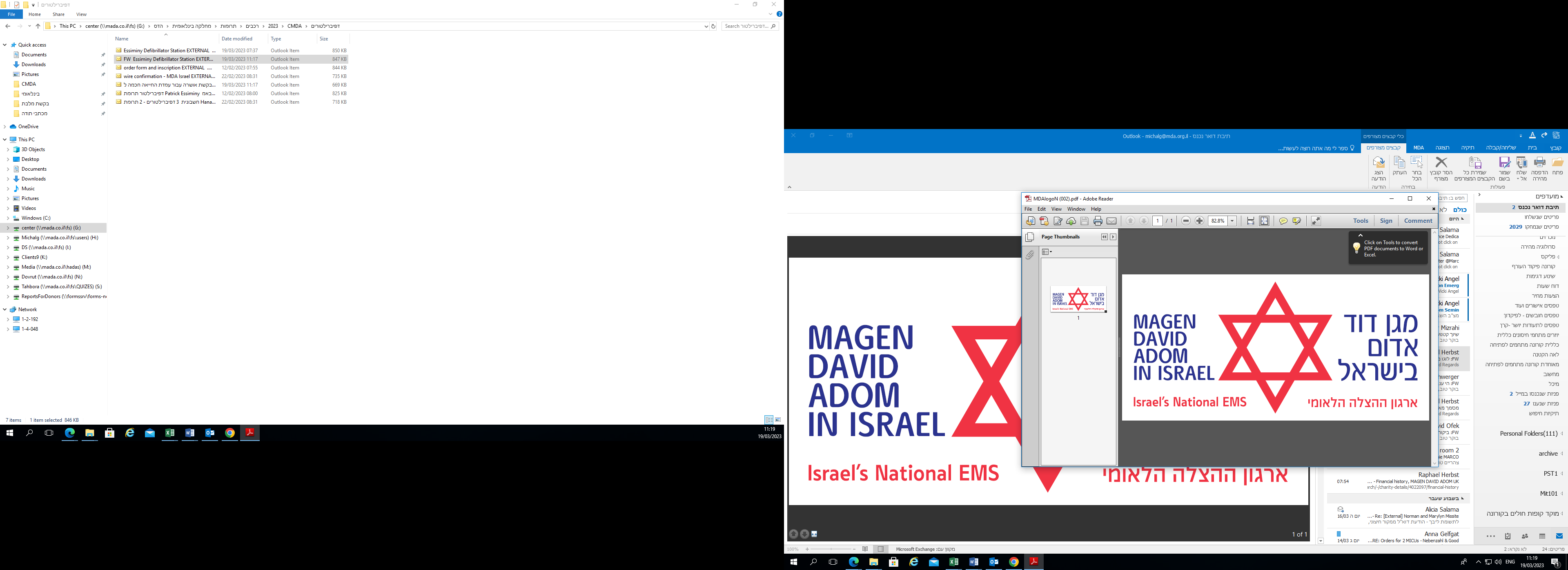
Address:

City:

State:

Zip Code:

Country:



**Professional Questions:**

Medical Specialty – Physician / Paramedic / nurse / medical student / other medical professions

Area of specialty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of work (hospital, clinic, private practice, etc.):

Place of work location (city, state, country):

Have you completed and passed a course on ACLS?

Have you completed and passed a course on PHTLS?

Proof of Covid-19 vaccination or recovery

**Questions:**

In a time of crisis, such as a natural disaster or mass-casualty incident, how willing would you are to return and help MDA in Israel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you visited Israel before and if so, how many times? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the seminar? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General remarks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_