

**Magen David Adom International Seminar**  
**On Emergency Response -**  
Background Information Questionnaire

**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:

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?

**Questions:**

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

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