Medical Volunteer Program - Background Check Questionnaire (CRB Equivalent)

For Medical Professionals and Medical Students

1. Personal Information

Full Name: _____

Date of Birth: _____

Nationality: _____

Email: _____

Current Address:

Phone Number:

2. Professional Background

Current Position/Status: _____

Institution/University: _____

Field of Specialization:

Years of Experience:

3. Background Check Questions

1. Have you ever been convicted of any criminal offense?	■ Yes ■ No
2. Have you ever been subject to any professional disciplinary action or investigation?	■ Yes ■ No
3. Do you have any current medical conditions that may affect your ability to participate in medical volunteer activities?	■ Yes ■ No
4. Have you ever had any restrictions placed on your professional practice or student status?	■ Yes ■ No
5. Are you currently involved in any legal proceedings or investigations?	■ Yes ■ No

Declaration: I declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may result in the termination of my participation in the program.

Signature: _____ **Date:** _____

Print Name: _____