

PRIVACY ACT STATEMENT

The information below is being requested under authority of the Peace Corps Act. The information requested on this form will be used to provide you with an identification and medical information card. Providing the information is voluntary, however, refusal to provide it will prevent issuance of an official identification card and may delay treatment in a medical emergency until the Peace Corps Medical Office can be contacted for specific information about you.

PEACE CORPS VOLUNTEER IDENTIFICATION CARD INFORMATION

The individual named below will be issued a Peace Corps Volunteer Identification Card, Form PC-1608, and will contain the following information:

Full Name: _____

No-Fee Passport Number: _____
(No-Fee Passport issued for Peace Corps related travel only)

Date of Birth: _____

Medical Information:

Allergies: _____

List medications or other information that should be known in order to provide emergency medical treatment:

Completion of Service Date: _____

Country Specific Emergency Information

Emergency Telephone Number and Address for:

PCMO: _____

Safety and Security Coordinator: _____

CD: _____

Address to which card should be returned, if lost:

Local P.C. Address: _____

U.S. Embassy or Support Office Address: _____

I certify that the above information is correct. I authorize the Peace Corps Medical Officer to certify that the medical information is in agreement with information contained in my Official Health Jacket.

1. _____
(DATE)

(Signature of Volunteer as it is to appear on the PCV ID Card)

I certify that the medical information provided above corresponds with information in the Volunteer's Official Health Jacket.

2. _____
(DATE)

(Signature of PCMO/PCMC)

I certify that I have received the Peace Corps Volunteer Identification Card described above.

3. _____
(DATE)

(Signature of Volunteer)

I certify that Volunteer number _____ has been issued to the above named Volunteer.

4. _____
(DATE)

(Signature of Country Director or designee)