

SURNAME:

FIRST NAME:

LOCATION AND DATES OF MISSION:

DURATION OF THE MISSION

- ☐ <8 days
☐ Between 8 days and 1 month
☐ More than 1 month

CONTACT IN CASE OF EMERGENCY (phone number / email to contact you)**INFORMATIONS ON YOUR DESTINATION COUNTRY**

- ☐ I hereby confirm that I have taken note of the security conditions in my destination country

FIELD EXPERIENCE OF THE SECONDEE

- ☐ Good ☐ Limited

HOUSING AND NUTRITION CONDITIONS

- ☐ Standard (hotes, etc.)
☐ Host families
☐ Itinerant camping

ENVIRONMENTAL CONDITIONS

- Thermo-hygrometric atmosphere ☐ Average ☐ Extreme
- High altitude ☐ Yes ☐ No
- On-board stay ☐ Yes ☐ No
- Hyperbaric conditions ☐ Yes ☐ No
- Endemic diseases

TECHNICAL CONDITIONS OF WORK

- Considered modes of transport:
- Field work: ☐ Yes ☐ No
 If yes: ☐ Urban areas ☐ Rural areas
- Working conditions: ☐ Isolated work ☐ Team work
- Office work, teaching, conference, meetings
 ☐ Yes ☐ No
- Survey conduction among the population
 ☐ Yes ☐ No
- Specific exposition to risk during field work
 ☐ Physical ☐ Chemical
 ☐ Biological ☐ Other
 If other, please detail:

PREVENTION, PROPHYLAXIS AND RESCUE MEANS CONSIDERED NECESSARY GIVEN THE IDENTIFIED RISKS

- ☐ Communication means
 If yes, please detail:
☐ First aid kit
☐ Medication
☐ Additional information or training
 If yes, please detail:
☐ Other prevention means
 If yes, please detail:

Further potential observations regarding mission-related risks prevention:

Date:

The agent

Name and signature:

The chief of the service

Name and signature: