Medical Exam Form

Medical exam and health information — required for every team member

Must be submitted by every team member. Complete the top section yourself; the bottom section must be completed and signed by your doctor.

Participant information

Name: _____ Date of birth: _____

Address: _____ Phone: _____

City / State / Zip: _____

Insurance company: _____ Policy #: _____

Date of last tetanus shot (the only required immunization): _____

List any medications you take regularly: _____

Bring an ample supply for the entire trip, plus a written prescription from your doctor to give to your Trip Director in case medications are lost and to verify to customs officials that the medicines you carry are prescribed.

List anything to which you are allergic: _____

List any physical disabilities or limitations: _____

Emergency contact

Name: _____ Phone: _____

Address: _____ Relationship: _____

City / State / Zip: _____

For your doctor to complete

1. I have examined _____ and find him/her to be in good general health and physically able to take part in a mission trip to _____ (team destination).

2. Conditions the Trip Director should be aware of: _____

3. I have discussed with this patient the immunizations and medications recommended by the CDC for travel to this destination. As a preventive measure they have received:

4. This patient's tetanus and polio boosters are up to date: ☐ Yes ☐ No

Doctor's signature *Printed name* *Date*