

Medical Health Questionnaire

TRIP LOCATION: _____ TRIP LEADER: _____

TRIP DATES: _____ TRIP ID#: _____

Participation on a missions trip or project requires good health and physical stamina. It is recommended that you have a physical examination before participating on a missions trip or project. You should also consult with your physician if you are under his or her care or you are regularly taking medication.

Name _____ Date of Birth _____
Last First Middle Initial Month / Day / Year

Address _____
Address City State/Province Zip/Postal Code

Sex: Male Female Height _____ Weight _____ Blood Type _____

In Case of Emergency, notify _____
Name Relationship

Address _____
Address City State/Province Zip/Postal Code () Phone

1. Have you ever suffered a serious illness, had surgery performed, or been hospitalized? No Yes

2. Do you have any known allergies? No Yes Please explain

3. Do you have any dietary restrictions, food allergies, or convictions regarding types of food? No Yes

Please explain

4. Are you currently taking any medications? Include prescription and non-prescription drugs, dietary supplements, herbs, etc. No Yes Please explain

5. Are you currently receiving medical treatment or under medical observation for anything? No Yes Please explain

6. Have you ever been treated for (or are now suffering from) emotional difficulties? (eating disorders, depression, anxiety, phobias, etc.) No Yes Please explain

7. Are you seeing a counselor or therapist? No Yes

8. Do you have a communicable disease? No Yes

9. Do you have any chest, back, or joint pain? No Yes

10. Do you have any limitations to strenuous physical work? No Yes

11. Do you have any other limitations or significant health conditions which might affect your involvement on the missions trip or which you believe your physician would want us to know about? No Yes Please explain

IMMUNIZATIONS: For our information please indicate date of most recent immunization, if known.

Poliomyelitis _____

Diphtheria _____

Measles/Mumps/Rubella _____

Tetanus _____

Physician's Name: _____

Office Phone: () _____

EMERGENCY MEDICAL PERMISSION: This is only for emergency situations should the individual be incapable of making rational decisions, or is a minor whose parents cannot be immediately reached. In any situation, every effort will be made to reach the person to contact listed on the application.

In the event that an emergency arises, I give the trip leader permission to authorize anesthesia, surgery, and/or procedures deemed absolutely necessary at the time.

NAME OF APPLICANT (Please print!)

SIGNATURE (of Applicant if age 18 or older)

NOTE: Parent or Legal Guardian's signature is required if you are single and under 18 (or under 19 and reside in AL, NE, WY; or under 21 and reside in CO, MS, WV, PA, PR).

Parent or Legal Guardian

Relationship