



International Medical Release Form

Church Name: _____ City/State: _____

PERSONAL INFORMATION

Name: _____

Birthdate: ___/___/___ Age: _____ Gender (M/F): _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACTS

1. Name: _____ Relationship: _____ Email: _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

2. Name: _____ Relationship: _____ Email: _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

HEALTH INSURANCE INFORMATION

Medical Insurance Co.: _____ Group#: _____

Policy#: _____ Company's Phone: () _____

Company's address: _____

City: _____ State: _____ Zip: _____

Family Physician's Name: _____ Phone: () _____

IMMUNIZATIONS

It is solely the traveler's responsibility to obtain information on required/recommended travel immunizations and travel precautions for the area you are visiting. Please check with your physician and www.cdc.gov to ensure your immunizations are current.

_____(Initial) I have consulted my physician regarding this travel and am up to date on all immunizations.

MEDICAL INFORMATION

Depending on your trip destination, it's possible that your trip might include travel into the poorest parts of developing countries.

Conditions are frequently uncomfortable and physically challenging and can include:

- extended periods of walking on rough/unpaved paths
- demanding climbs often at high elevation
- long travel times requiring use of modern and primitive, private and public transportation services
- transportation services that may lack accommodations for people with physical limitations
- dietary and climate changes that can add to the physical intensity of the trip
- Long periods of travel that may cause participants to experience lack of sleep is customary.
- Some areas may be remote and medical care may not be immediately available.

Please consider these factors as you prepare to serve in such areas.

If you have any medical conditions that may be difficult or challenging under the conditions described above, however minor, please complete the **Doctor's Release Form** and turn it in to your group leader in order to get clearance to participate in this trip.

_____ (Initial) I have consulted my local physician and have **attached a Doctor's Release**.

- or -

_____ (Initial) I understand the medical risks outlined above. I do not have any medical history that would affect me on this trip and am **not receiving a medical release from my doctor** before going on this trip.

If you feel it would be helpful for us to be aware of any medical conditions or allergies, please feel free to list those here. (NOTE: *You are not required to share information with us.*) _____
