



Medical Exam/Information Page
(Must be submitted by every team member.)

Name _____ Age _____

Address _____

Phone _____

City _____ State, Zip _____

Insurance Company _____

Policy # _____

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

List any medications you take regularly _____

Note: Be sure to take an ample supply for the entire trip. Please bring a written prescription from your doctor to give to your Team Director just in case your medications are lost, and to verify to customs officials that the medicines you carry are prescribed!

List those things to which you are allergic _____

List any physical disabilities _____

In case of emergency, please contact:

Name _____ Phone _____

Address _____

City, State, Zip _____

Relationship _____

FOR YOUR DOCTOR TO FILL OUT

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 _____ (Fill in team destination).

2.) **Conditions** that the team director should be aware of _____

3.) I've discussed with this patient the pros and cons of the immunizations/meds recommended by the CDC for travel to this country : As a result they have received _____
_____ as a preventive measure.

4.) This patient's **tetanus and polio boosters** are up to date.

Doctor's signature _____ Date _____