FIRST CHRISTIAN CHURCH

MEDICAL INFORMATION – QUESTIONAIRE – RELEASE

PLEASE READ CAREFULLY

Short term mission trips may be extremely strenuous and stressful. They may include long van, bus or plane rides of up to 20 hours in duration. Travelers are almost always required to carry their own luggage. Rest rooms and bathing facilities may not always be readily accessible. Some of the meals may not conform to special nutrituional needs. Housing and meeting rooms may not have air conditioning or adequate heating. There can be a considerable amount of walking between housing, meeting locations, and work sites in addition to climbing many flights of stairs in meeting halls or hotel accommodations. During the winter months, walking may be on snow or ice covered walkways and stairs. The summer months in much of the world are very hot which may affect your overall strength and energy. The air quality is poor in many locations. If these conditions are a problem, you may wish to choose a project with better conditions.

The medical facilities in most countries where we travel may provide inadequate care. Medical release statements are required from all applicants and possibly from their doctors.

Name: _____ Birth Date: ____/____/____

Address: _____ City: _____ Sate: _____ Zip: _____

Emergency Local Contact: _____ Relationship: _____

Address: _____ City: _____ Sate: _____ Zip: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Medical Insurance Provider: _____

ID#: _____ Group #: _____

Will your medical insurance cover you out of the country? □ Yes □ No

Name of Primary Physician: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____ - _____

Please check if you suffer from any of the following medical conditions:

□ Hypertension	□ Hypoglycemia	□ Bleeding disorders	□ Heart disease	□ Seizures
□ Insect Allergies	□ Asthma	□ Chronic anxiety	□ Arthritis	□ Diabetes
□ Depression	□ Glaucoma	□ Migraines	□ Sleeping disorders	

Do you have any physical limitations which may limit your ability to perform the ministry for which you have applied under the conditions listed above? (Please list): _____

_____

Are you currently under a doctor's care or have been in the past year? If so, please explain: _____

_____

List *any* medications (prescription or OTC) taken on a regular basis. Note dosage and which are Rx and non Rx: _____

_____

List Medical or Food Allergies: _____

Any special dietary needs?: _____ Blood Type: _____

Have you had any surgery or major health problems in the past two years? □ Yes □ No
If "yes," please explain: _____
_____

Please summerize your health. Do you place any limits on yourself to avoid physical or medical problems? Any hearing, vision, or mobility limitiations? _____
_____
_____

In an emergency, I give my permission to a licensed physician to hospitalize or anesthetize me, or perform surgery on me. I understand that every effort will be made to inform my emergency contact before these actions are taken.

NAME: _____ _____
(Printed) (Signature)

PARENT/GUARDIAN: _____ _____
If Applicant is under 18 (Printed) (Signature)

DATE: _____