



MEDICAL FORM

Choice of Travel Destination: _____

Date: _____

Full Name: _____

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

Sex: ___ Male ___ Female Height: _____ Weight: _____ Blood Type: _____

Medical Insurance Information
Name of Insurance Company (Carrier): _____
Insured's Name: _____
Policy Number: _____
Group Number: _____
Name of Primary Physician: _____
Address: _____
City – State – Zip Code: _____
Telephone: () _____
Email Address: _____

When was your last tetanus shot? (MM/DD/YYYY): _____

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Are you currently seeing a counselor or therapist? ___ Yes ___ No

List all current prescriptions and dosage levels:

- | | |
|----------|--------------------------|
| 1) _____ | Dosage Amt./Level: _____ |
| 2) _____ | Dosage Amt./Level: _____ |
| 3) _____ | Dosage Amt./Level: _____ |

List all drugs and medications to which you are allergic:

- | | |
|----------|----------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |

Any dietary restrictions, food allergies or convictions regarding types of food? If so, please list below:

Do you have any communicable disease? ___ Yes ___ No

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

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

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Do you have any condition which might affect your ability to fully function as a Missionary on this trip? (i.e. fear of flying, depression, anxiety, sleeping disorders, etc.)

Do you have or have you ever had:

- | | | |
|---|---|--|
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Respiratory problems |
| <input type="checkbox"/> Nervous Breakdown | <input type="checkbox"/> Mental Problems | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hearing Difficulties | <input type="checkbox"/> High/Low Blood Pressure |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Digestive Problems | <input type="checkbox"/> Frequent Headaches |

Do you currently have any uncontrollable situations in one or more of the following?

- | | |
|---|--|
| <input type="checkbox"/> Excessive Drinking/Alcohol | <input type="checkbox"/> Illegal Drugs |
| <input type="checkbox"/> Smoking Tobacco | |

If yes, please explain:

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Centers for Disease Control (www.cdc.gov) divides vaccines for travel into three categories: routine, recommended and required. While your doctor can tell you which ones you should have, it's best to be aware of them ahead of time. You must receive any CDC required vaccines before traveling with LifeWalk Mission International. If you choose not to have any CDC recommended vaccines, you will not hold LifeWalk Mission International responsible for the contraction of any disease and/or sickness associated with the absence of such vaccines and will be personally responsible to pay for any additional costs directly related to such diseases and/or sicknesses.

_____ (write your initials here to indicate you read and understand the above disclaimer)

We currently live in an unusual world full of demonic forces. And while the world may have unforeseen dangers, we are certain of one thing...the Lord will be with us no matter what. LifeWalk Mission International will do its best to keep up with current events of where we serve. However, the ministry cannot predict or determine when terroristic acts will occur on foreign lands. Therefore, you understand that team leaders, team members and staff serve at their own risk and LifeWalk Mission International cannot be responsible beyond normal mission involvement.

_____ (write your initials here to indicate you read and understand the above disclaimer)

Emergency Medical Permission: This is only for emergency situations should the mission team member be incapable of making rational medical 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 team 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

Revised Date: 08/2018

www.lifewalkmission.org