

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 req	quired immunization)
Note: Be sure to take an ample sup	rly
List those things to which you are all	ergic
List any physical disabilities	
In case of emergency, please contact:	:
Name	Phone
Address	
City, State, Zip	
Relationship	
FOR YOUR DOCTOR TO FILL O	<u>DUT</u>
	and find him/her to be in good general
health and physically able to take par team destination).	t in a mission trip to (Fill in
2.) Conditions that the team director	should be aware of
3.) I've discussed with this patient the by the CDC for travel to this country	e pros and cons of the immunizations/meds recommended : As a result they have received as a preventive measure.
	as a preventive measure
4.) This patient's tetanus and polio l	boosters are up to date.
Doctor's signature	Date

Document4 11/18/08