

First Baptist Church Mission Trip Medical Form

Authorization To Release Medical Information

To be completed by all applicants

I authorize my physician to release the medical information listed below to First Baptist Church for the express purpose of participating in a missions assignment

Personal physician's name _____ Phone: (____) _____

Complete address _____

Health accident insurance company _____ Phone (____) _____

Policy holder's name _____ Policy number _____

Applicant's signature _____ date signed _____

The above signed agrees to hold First Baptist Church and project leaders harmless.

MEDICAL STATEMENT

To be completed by applicant's physician

Patient's name _____ Age _____

Please answer the following questions:

1. Are there any restrictions on activities? yes no Describe: _____

2. Is this patient undergoing medical care at this time? yes no : (If yes) Why? _____

3. Describe any medical conditions of which an attending medical doctor should be aware _____

4. List any medications being taken or used of which an attending medical doctor should be aware _____

5. Does the patient understand the side effects of all prescription drugs that he will need during his overseas travel?
yes no

6. Patient's allergies _____

7. Date required inoculations and/or anti-malarial medication (if required) were administered:

List inoculations _____

Date of last tetanus shot or booster _____

Doctor's signature _____, M.D. date signed _____

