THE CHURCH
AT SOUTH LAKE

MISSION TRIP MEDICAL HEALTH QUESTIONNAIRE

Office Use Only *Mission Trip Location:*	*Mission Trip Leader:*
Mission Trip Dates:	Mission Trip ID#:

Participation on a mission trip or project requires good health and physical stamina. It is recommended that you have a 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.

PERSONAL INFORMATION				
Name:		Date of Birth:		
Address:		City:	State:	Zip:
Home #:	Work #:		Cell #:	
Email Address:				
Sex: Male ☐ Female ☐	Height:	Weight:	Blood Type:	

PERSON TO NOTIFY IN CASE OF EMERGENCY			
Name:		Relation:	
Address:	City:	State:	Zip:
Home #:	Work #:	Cell #:	

BENEFICIARY INFORMATION			
Name:		Relation:	
Address:	City:	State:	Zip:
Home #:	Work #:	Cell #:	

HEALTH QUESTIONNAIRE
1. Have you ever suffered a serious illness, had surgery performed, or been hospitalized? No ☐ Yes ☐ Please explain:
2. Do you have any known allergies? No ☐ Yes ☐ Please explain:
3. Do you have any dietary restrictions, food allergies, or convictions regarding types of food? No ☐ Yes ☐ Please explain:
4. Are you currently taking any medications? Include prescription and non-prescription drugs, dietary supplements, herbs, etc. No ☐ Yes ☐ Please explain:
5. Are you currently receiving medical treatment or under medical observation for anything? No ☐ Yes ☐ Please explain:
6. Have you ever been treated for (or are now suffering from) emotional difficulties? (eating disorders, depression, anxiety, phobias, etc.) No ☐ Yes ☐ Please explain:
7. Are you seeing a counselor or therapist? No ☐ Yes ☐
8. Do you have a communicable disease? No ☐ Yes ☐
9. Do you have any chest, back, or joint pain? No ☐ Yes ☐
10. Do you have any limitations to strenuous physical work? No ☐ Yes ☐
11. Do you have any other limitations or significant health conditions which might affect your involvement on the mission trip or which you believe your physician would want us to know about? No ☐ Yes ☐ Please explain:

Continued

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 any Church at South Lake mission team. If you choose not to have any CDC recommended vaccines**, you will not hold Church at South Lake 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.

_____ (initials)

IMMUNIZATIONS: For our information please indicate date of most recent immunization, if known.	
Tetanus:	Yellow Fever:
Hepatitis A:	Typhoid:
Hepatitis B:	Have you had the Routine School Vaccinations? No ☐ Yes ☐
Physician's Name:	Office Phone:

EMERGENCY MEDICAL PERMISSION: This is only for emergency situations should the individual be incapable of making rational 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 trip 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)**

_____

DATE

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**

_____

Date