

# MISSION TRIP MEDICAL QUESTIONNAIRE

PLEASE READ CAREFULLY

TODAY'S DATE: \_\_\_\_\_ TRIP: \_\_\_\_\_ TRIP DATES: \_\_\_\_\_

Volunteer projects can be extremely strenuous and stressful. They may include long train or bus rides of 10 and 20 hours in duration. Travelers are almost always required to carry their own luggage. Rest rooms are not always readily accessible. The food is high in fat, carbohydrate, and sodium content, Fruits and vegetables may not be available. The housing and meeting rooms may not have air conditioning and may not have adequate heating. There can be a considerable amount of walking between the housing and meeting locations in addition to climbing many flights of stairs in meeting halls or hotels. During the winter months, walking may be on snow-covered or ice-covered walkways and stairs. The summer months in much of the world are very hot and this might affect your overall strength and energy. The air quality is poor in many locations. All of these factors may aggravate certain health conditions and the medical facilities in most countries where we travel may provide inadequate care. We may request a medical release statement from your doctor.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type, if known \_\_\_\_\_

Do you have any physical condition that may limit your ability to perform the ministry for which you have applied under the conditions described above? (i.e., have you experienced any back problems?)

No Yes If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any existing medical condition that may require extended medical treatment or surgery in the future? No Yes If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you had any surgery or major health problems in the past 2 years? No Yes If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently under doctor's care or have you been in the past year? No Yes If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any special dietary needs? No Yes If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** All needs cannot be met on some trips.

Please summarize your health. Do you place any limits on yourself to avoid physical or medical problems? (Any limitations?) If more space is needed, please attach a typed summarization.

\_\_\_\_\_  
\_\_\_\_\_

Call the Church office at 423-709-9100 to schedule an appointment with a notary.

**All Information is correct. Participant or Legal Representative's**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR FUTURE TRIPS REVIEW: If reviewing, please check and date.** No Change: \_\_\_\_\_ Date: \_\_\_\_\_  
Change needed please mark and date: Complete \_\_\_\_\_ Date: \_\_\_\_\_