



Missions Trip Health & Vaccination Form

**** All health information will be held in confidence by mission trip team leader. ****

Missions Trip Destination: _____ Dates of Trip: _____

Name (PRINT): _____ Birth Date: ____/____/____

Address: _____

Allergies (foods, medications, weeds, dust, molds, etc.):

Medications (prescription and over-the-counter):

Medical Conditions (diabetes, migraines, respiratory, cardio vascular, skin problems, etc.):

In case of emergency contact:

1. Name: _____
Phone: _____

2. Name: _____
Phone: _____

In case of emergency, I give permission to the team leaders and health care personnel to make medical decisions on my behalf until the above designated person(s) can be contacted.

The following vaccinations are <i>recommended</i> for all mission trip team members:	<input type="radio"/> Hepatitis A <input type="radio"/> Hepatitis B <input type="radio"/> Typhoid <input type="radio"/> Tetanus booster (if needed) <input type="radio"/> Malaria <input type="radio"/> Flu
The following childhood vaccinations are <i>required</i> for all team members:	<input type="radio"/> MMR (Measles/Mumps/Rubella) <input type="radio"/> DPT (Diphtheria/Pertussis/Tetanus) <input type="radio"/> Polio <input type="radio"/> Chicken Pox (either had it or received vaccination for it)

Please read and sign the following:

I am aware of the *recommended* vaccinations listed above, and I verify that I have received the *required* vaccinations listed above. *In case of emergency, I give permission to the team leaders and health care personnel to make medical decisions on my behalf until the above designated person(s) can be contacted.*

Signature _____ Date ____/____/____