

Physician's Release Form

I, _____ (traveler), plan to participate in a Missions Trip to _____ (country).

The missions team may spend a significant amount of time outdoors and there will be a fair amount of walking. Participants can expect to spend several hours each day riding in a vehicle. The team will sleep indoors and have access to bottled water.

Healthcare facilities may be inadequate or nonexistent. Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.

TO BE FILLED OUT BY THE PHYSICIAN ONLY

Was a physical examination performed? _____Yes _____No

After reviewing the above information and knowing the team member, it is my opinion that no untoward risks would be incurred by this person's participation in a project as described above. I have given advice on the vaccines and medications I believe are appropriate for this trip.

Printed Name: _____

Practice Name: _____

Address: _____ Phone: _____

_____ Fax: _____

Signed: _____, MD Date: _____

