

**United Christian Missions
Medical Form**

General Information

Name _____ Date of Birth _____ Age _____

Address (per insurance billing information) _____ Telephone _____ Email _____

Emergency Contact #1 _____ Address _____ Telephone _____

Emergency Contact #2 _____ Address _____ Telephone _____

Medical Information

Known Medical Conditions _____

Daily Medications _____

Will you be taking these medications while on the mission trip? Y/N _____

Allergies _____

Note any special medical considerations needed while on the trip _____

Previous Hospitalizations _____

Family Medical History _____

Health Status Statement

_____ I agree with the below stated information

_____ I do not agree with the below stated information (if you select this option, explain on the back)

1. I am able to lift at least 50 lbs without the potential of damage to my personal health.
2. I am able to walk at least 1 mile without the potential of damage to my personal health.
3. I am able to live and work in substandard living situations, oftentimes without air condition/heat, running water or other modern luxuries.
4. I am aware of the risks related to living and working in substandard conditions and do not hold United Christian Missions Inc. liable for any physical problems including, but not limited to, exposure to any diseases, parasites or other unknown pathogens, that may occur as a result of my participation in any United Christian Missions trip.

Signature _____

Date _____

Consent for In-Country Medical Treatment

I consent to be treated

I do not consent to be treated

I, _____, consent to treatment by the medical team members (Physicians, Physician Assistants, Nurse Practitioner or Registered Nurses), and, if necessary, treatment by medical professionals within the country to which I am traveling, on the _____ mission trip. I am aware that in depth laboratory and diagnostic tools are not available to confirm a definitive diagnosis and that treatments provided will be based on the team member's best assessment of the problems. I consent to the use of medications to treat my conditions and do not hold United Christian Missions, or any individual team member responsible for any negative results that may occur as the result of inaccurate diagnosis, incorrect treatment of illness, unexpected allergic reactions, death or any other unpredicted occurrences. I am aware that I may elect to refuse or discontinue treatment at any time if I feel the treatment is not benefiting my condition or that it is causing further damage.

Signature _____

Date _____