

# PINE TERRACE BAPTIST CHURCH

## MEDICAL HEALTH QUESTIONNAIRE

TRIP LOCATION: \_\_\_\_\_ TRIP LEADER: \_\_\_\_\_  
TRIP DATES: \_\_\_\_\_ 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.

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GENDER:  MALE  FEMALE    HEIGHT: \_\_\_\_\_    WEIGHT: \_\_\_\_\_    BLOOD TYPE: \_\_\_\_\_

**In Case of Emergency**

CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

1. Have you ever suffered a serious illness, had surgery performed, or been hospitalized?  
 NO  YES - EXPLAIN: \_\_\_\_\_
  
2. Do you have any known allergies?  
 NO  YES - EXPLAIN: \_\_\_\_\_
  
3. Do you have any dietary restrictions, food allergies, or convictions regarding types of food?  
 NO  YES - EXPLAIN: \_\_\_\_\_
  
4. Are you currently taking any medications? Include prescription and non-prescription drugs, dietary supplements, herbs, etc.  
 NO  YES - EXPLAIN: \_\_\_\_\_
  
5. Are you currently receiving medical treatment or under medical observation for anything?  
 NO  YES - EXPLAIN: \_\_\_\_\_

6. Have you ever been treated for (or are now suffering from) emotional difficulties? (eating disorders, depression, anxiety, phobias, etc.)  
 NO  YES - EXPLAIN: \_\_\_\_\_
7. Are you seeing a counselor or therapist?  
 NO  YES - EXPLAIN: \_\_\_\_\_
8. Do you have a communicable disease?  
 NO  YES - EXPLAIN: \_\_\_\_\_
9. Do you have any chest, back, or joint pain?  
 NO  YES - EXPLAIN: \_\_\_\_\_
10. Do you have any limitations to strenuous physical work?  
 NO  YES - EXPLAIN: \_\_\_\_\_
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 - EXPLAIN: \_\_\_\_\_

**Immunizations**

For our information please indicate date of most recent immunization, if known.

Poliomyelitis: \_\_\_\_\_ Diphtheria: \_\_\_\_\_  
 Measles/Mumps/Rubella: \_\_\_\_\_ Tetanus: \_\_\_\_\_  
 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** (print): \_\_\_\_\_

**SIGNATURE** (of applicant if age 18 or older): \_\_\_\_\_

**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).

**NAME OF PARENT OR LEGAL GUARDIAN** (print): \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_