

Healing Place Church
Physician Release Form for Mission Trip

(Please complete top portion before appointment with personal physician.)

Applicant Name: _____ Date of Birth: _____

Allergies: _____ Medications: _____

Medical Problems: _____

Date of Mission Trip: _____ Place of Mission Trip: _____

Type of activities planned for trip: *(such as building project, high elevations, etc.)* _____

Physician Evaluation

(Please review above and make additions as necessary.)

Date of Exam: _____

Please list any abnormalities in exam that would be important to communicate in the event of an emergency out of the country *(such as heart murmur, scars, etc.)*: _____

Are there any medical limitations to this patient being able to participate in any planned or unexpected strenuous physical activity? _____

After discussing the goal of the mission trip with the patient, do you have any concerns (with either their physical or mental health) about this patient attending an overseas mission trip?

Signature of Physician

Physician Printed Name

Address

Office Phone Number

City, State, Zip