



# GLOBAL OUTREACH TEAM

## MEDICAL FORM

Due to the stress of travel to foreign locations, different environmental conditions and lack of access to proper medical care, team members are asked to disclose any medical or psychological conditions that may affect them while on the trip. This is for the safety of the team member so that the team leader will be prepared for the worst-case scenario. This self-disclosure form is for the team leadership and our overseas partners in determining our appropriate care with all team members. It is, therefore, in your best interest to answer carefully each of the questions below and to provide a candid evaluation of your physical health, stamina and emotional stability. Information you provide on this form will be held in confidence and will be shared only with First Assembly leadership on a "need to know" basis.

### Allergies

Do you have any dietary restrictions or known food allergies?  Yes  No

*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any medication?  Yes  No

*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_

Do you have any other allergies (i.e. bee stings, animal allergies, dust, environmental)  Yes  No

*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_

### Medications

Will you need to take prescribed medication while you are overseas?  Yes  No

*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_

### Conditions

Do you have any medical problems that may, under stress or duress, require immediate medical attention during your participation in the missions trip? (i.e. epilepsy, heart trouble, asthma, ulcers, haemophilia, diabetes, past illness)  Yes  No

*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_

Do you have any psychological conditions that may affect your emotional or mental well being during your participation in the missions trip? (i.e. Depression, schizophrenia)  Yes  No

If yes, what kind of support might be needed? \_\_\_\_\_

Do you have any medical problems that may make it difficult to obtain international visas (i.e. HIV/AIDS, Hepatitis, other infectious diseases)?  Yes  No

If yes, please clarify: \_\_\_\_\_

### Information

My Alberta Health Care # \_\_\_\_\_

I have obtained travel insurance with \_\_\_\_\_

My emergency contact name is \_\_\_\_\_

Their home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

My passport number is: \_\_\_\_\_ (please attach copy of the photo page of your passport)

### Signature

By signing this form, I acknowledge that I have provided a full, honest and open disclosure regarding my physical and psychological health. I give First Assembly permission to share information concerning any disclosed disabilities with ministry partners on a "need to know" basis.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_