



MEDICAL RELEASE FORM

Applicant's Name _____ Team _____

Birth Date _____ Passport Number _____

Are Immunizations up to date?

Tetanus _____ Hepatitis A _____ Hepatitis B _____ Polio _____

This official document is presented to verify that the team member named above has received clearance from his/her personal physician assuring that their physical and medical condition makes them fit to work and live among children during the term of their short-term mission trip outside the United States. They are free of any infectious disease and are of sound mind.

Physician's Signature _____

Printed Name _____ Date _____

Please have the following completed by a Notary Public only if required by your team.

State of _____ County of _____

On this, the _____ day of _____, 200____, before me _____

a Notary Public in and for the said state, personally appeared _____,
known to me or proved to me to be the person who executed this form and
acknowledged to me that they executed the same for the purposes stated herein.

Notary Public

Name _____

(seal)

Printed Name _____

My commission expires _____