



United Methodist Volunteers in Mission  
 Southeastern Jurisdiction Office of Coordination  
 100 Centerview Drive, Suite 210  
 Birmingham, AL 35216

Phone: 205.453.9480  
 Fax: 205.453.9481  
 Email: sejinfor@umvim.org  
 www.umvim.org

## Medical Information and Release Form

**Team Leader: Please keep the original copy**

Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 Date of last physical examination \_\_\_\_\_ Email \_\_\_\_\_  
 Country \_\_\_\_\_ Departure Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Location \_\_\_\_\_ Return Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Project Name \_\_\_\_\_ Team Leader \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_  
 (participant) (adult on trip)

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician and surgeon licensed to practice medicine by the state or country in which they practice, during the duration of the trip identified above.

Participant's Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Medical Insurance Provider \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Policy Number \_\_\_\_\_

Allergies and Medications \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physical disabilities and health problems (indicate whether you have special needs regarding sleeping accommodations, meals, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (for youth under 18)

### Notarization of Medical Release Form

STATE OF \_\_\_\_\_ PARISH OR COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared \_\_\_\_\_ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_ County/Parish \_\_\_\_\_

State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_



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## Physician's Release Form

**Team Leader: Please keep original copy**

I plan to participate in a Volunteers in Mission project in \_\_\_\_\_(location of project). I will be doing manual labor outside in a climate that is:

- Hot and Humid                       Cold and Damp                       Other

Healthcare facilities may be inadequate or nonexistent.

The Volunteers in Mission Medical Fellowship president recommends the following immunizations and prophylactic medications:

1. A diphtheria/tetanus toxoid booster if not received during the past 10 years.
2. The drug of choice of diarrhea prevention is Ciprofloxin 500 mg once a day beginning the day of travel, increasing dose to 500 mg ever 12 hours if illness occurs.
3. A gamma globulin injection or Hepatitis A vaccine series may need to be administered prior to departure in order to prevent Hepatitis A.
4. Hepatitis B vaccine is recommended for medical-dental team missionaries who may be exposed to blood.
5. Malaria prophylaxis is indicated in certain parts of the world. Recommendations for protection against malaria and other diseases may be obtained by calling the Center for Disease Control (CDC) 24 hour hotline at: 800.232.4636 or 800.CDC.INFO.
6. In most countries where UMVIM teams serve, the use of sunscreen with an SPF factor of 30 is recommended.

Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.

After reviewing the above information and knowing the team member, it is my opinion that not untoward risks would be incurred by this person's participating in a project as described above.

Signed \_\_\_\_\_, MD

Date \_\_\_\_\_

Physical examination performed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Print Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_