



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: sejinfo@umvim.org
 www.umvim.org

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 _____