



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

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. A gamma globulin injection or Hepatitis A vaccine series may need to be administered prior to departure in order to prevent Hepatitis A.
3. Hepatitis B vaccine is recommended for medical-dental team missionaries who may be exposed to blood.
4. An antibiotic for the treatment of bacteria diarrhea may be prescribed.
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 _____
