



Medical Release Form

Global Ventures
The Christian & Missionary Alliance
PO Box 35000
Colorado Springs, CO 80935-3500

This side to be filled in by the student and checked with physician at time of examination.

Name _____ Birthdate _____ Sex _____ Age _____

Parent/Guardian _____ Phone _____
(AREA) NUMBER

Home Address _____
STREET CITY STATE ZIP CODE

If not available in an emergency, notify:

_____ Phone _____
(AREA) NUMBER

_____ STREET ADDRESS CITY STATE ZIP CODE

Health History (check all that apply, giving approximate dates)

Ear Infections _____	ALLERGIES:	DISEASES:
Rheumatic Fever _____	Hay Fever _____	Chicken Pox _____
Convulsions _____	Ivy Poisoning, etc. _____	Measles _____
Diabetes _____	Insect Stings _____	German Measles _____
Behavior _____	Penicillin _____	Mumps _____
	Other Drugs _____	Asthma _____

Operations or Serious Injuries (dates): _____

Chronic or Recurring Illness: _____

Other Diseases or details of above _____

Any specific activities to be encouraged? _____

Any specific activities to be restricted? _____

Suggestions from parent/guardian _____

Parent's Authorization for Students Under 21

This health history is correct so far as I know, and this person has permission to engage in all prescribed activities, except as noted by me and the examining physician.

In the event I cannot be reached in an EMERGENCY I hereby give permission to the physician selected by the field to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the above named.

SIGNATURE

DATE

Immunization History

Required immunization will be given for each assignment. This is a record of dates of basic immunizations and most recent booster doses:

Tetanus-diphtheria _____	booster _____	Tuberculin test _____
Typhoid _____	booster _____	Small pox _____
Polio _____	booster _____	Measles Vaccine (live) _____
German Measles (Rubella) _____	Mumps Vaccine (live) _____	
Hepatitis B _____	Meningitis _____	

Medical Examination

To be completed by a physician within one year of departure. Examination for some other purpose within this period is acceptable. Examination is to determine fitness of student to engage in strenuous activities often in different climate and culture.

Height _____	Weight _____	B.P. _____	Hgb. Test _____	Urinalysis _____
Eyes _____	Glasses _____	Extremities _____		
Ears _____	Skin _____	Posture (spine) _____		
Nose _____	Throat _____	Teeth _____		
Heart _____	Lungs _____	Abdomen _____		
Hernia _____	(For girls) Has menses occurred _____	Is menstrual history normal _____		
Allergy (please specify) _____				
General Appraisal _____				
Special considerations _____				

Recommendations and Restrictions

Special Diet _____
Special Medicine (please specify) _____
Strenuous Activity _____
Other _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in overseas travel.

M.D., EXAMINING PHYSICIAN SIGNATURE

DATE

ADDRESS

PHONE