

NAME \_\_\_\_\_

<b>Health History</b> (Check, if applies. Give approximate dates)	
_____	Frequent Ear Infections
_____	Heart Defect/Disease
_____	Convulsion/Epilepsy
_____	Diabetes
_____	Bleeding/Clotting Disorders
_____	Hypertension/A.D.D.
_____	Mononucleosis
<b>Disease</b>	<b>Vaccination</b>
(Check, if applies. Give approximate dates)	
_____	<b>Hepatitis A</b> (strongly recommended) _____
_____	Chicken Pox _____
_____	Measles _____
_____	German Measles _____
_____	Mumps _____
_____	DPT _____
_____	TD _____
_____	Tetanus _____
_____	Tuberculin Test _____
_____	Influenza b (HIB) _____
<b>List any allergies (include food allergies)</b>	
_____	
_____	
<b>Current Treatment for above:</b>	
_____	
_____	
_____	

**Health Care Recommendations by Licensed Physician**— A copy of this year's Sports Physical will be accepted.

I have examined the above camp applicant within the past 24 months _____ Date Examined _____	
In my opinion, the applicant is physically able to participate in an active Mexico Missions program.	
Yes _____	No _____
List any medically prescribed meal plan or dietary restrictions _____	
_____	
List any activities to be limited or restricted _____	
Current or on-going treatment and/or medications _____	
_____	
<b>Licensed Physician's Signature</b> _____	
Address _____	City _____ State _____ Zip _____
Phone(_____) _____	Date form completed _____
Form completed by (If other than Physician) _____	