



MISSION TRIPS

Volunteer Medical Questionnaire

This form is for team leader mission trip selection use only.

PLEASE READ CAREFULLY AND COMPLETELY.

Volunteer projects can be extremely strenuous and stressful. They may include long airline flights; train, bus, and car rides; and walking great distances on foot. Travelers are required to carry their own luggage. Restrooms are not always readily accessible and, in most cases, are not like the restrooms to which we are accustomed in North Carolina about sanitary and aesthetic elements. There can be a considerable amount of walking between the housing and meeting locations in addition to climbing many flights of stairs in meeting halls or hotels. During the later summer month, which will be the seasonal time of year during the Embrace mission trip to Boston, walking might be in chilly, rainy weather or extremely warm weather.

All these factors may aggravate certain health conditions. We may request a medical release statement from your doctor.

1. Name: _____ Birthdate: _____

Height: _____ Weight: _____

2. Do you have **any** physical condition(s) that may limit your ability to perform the ministry for which you have applied under the condition listed above? Have you experienced any knee or back problems?

3. Do you have any existing medical condition(s) that may require extended medical treatment or surgery in the future?

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4. Have you had any surgery or major health problems in the past two years? If so, please explain.

5. Are you currently taking or do you regularly take **any** medications? If so, please explain and note which are prescription and non-prescription.

6. Are you currently under a doctor's care or have you been in the past year? If so, please explain.

7. Do you have any special dietary needs? If so, please explain.

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8. Do you have any allergies to medications, food, insects, plants or other things? If so, please explain.

9. Please summarize your health. Do you place **any** limits on yourself to avoid physical or medical problems? (Any hearing, vision, mobility limitations?)