



## Medical Questionnaire

*Please read carefully*

Certain aspects of international travel can be strenuous and stressful. Such travel frequently occurs at inconvenient hours, resulting in fatigue. Travel can be several hours in duration and not particularly comfortable. All team members will be expected to help carry/transfer luggage. You are expected to eat food that you may not particularly care for or like. Changes in climate can vary from that to which you are accustomed.

All of these factors may aggravate certain health conditions. Please reveal all medical conditions, regardless of whether you believe they may impact your ability to participate on the team. Should concern arise after reviewing this questionnaire, it may be necessary to submit a signed medical release statement from your personal physician.

*(If you need more room for explanations, please feel free to use the back of this page.)*

1. Name:

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2. Address:

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3. Height: \_\_\_\_\_ Weight: \_\_\_\_\_

4. Do you have any physical conditions that may limit your ability to perform the ministry for which you have applied under the conditions above? If yes, please explain.

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5. Do you have any existing medical condition that may require extended medical treatment or surgery in the future? If so, please explain.

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6. Have you had any surgery or major health problems in the past 2 years? If yes, please explain.

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

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

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**OVER**

