

Medical Information Form

**WESTWOOD
MEDICAL AND EVANGELICAL MISSIONS
RIO DE JANEIRO, BRAZIL
JULY 22 - 30, 2010**

Name as it appears on passport: _____

Nickname for name badge: _____

SCRUB SIZE: (please circle one, only if needed): small medium large x-large XX large
(5 pairs needed for the week and every team member wears scrubs)

PERSONAL HEALTH STATUS *Keeping this information on file will make it easier for the Project Director to assist you if necessary.*

Name of your personal physician _____ Phone _____

Your blood type _____ Can you donate blood? ____YES ____NO

Please list any medical problems that we need to be aware of on this trip _____

HAVE YOU HAD THE FOLLOWING:

1) Full Hepatitis B Immunization Series?

2) Tetanus Booster in last five to ten years?

3) Hepatitis A Vaccine?

4) Measles, Mumps, Rubella, & Chicken Pox Vaccines or Illness?

CIRCLE ONE:

YES OR NO

YES OR NO date: _____

YES OR NO

YES OR NO

HEALTH INSURANCE

Attach a legible copy of your health insurance card (front and back)

ROOMING PREFERENCES

Married couples will be put together. Not all requests can be filled, but we will try to accommodate.

Roommate preference: _____