





United Methodist Volunteers in Mission  
 Southeastern Jurisdiction Office of Coordination  
 100 Centerview Drive, Suite 210  
 Birmingham, AL 35216

Phone: 205.453.9480  
 Fax: 205.453.9481  
 Email: [sejinfo@umvim.org](mailto:sejinfo@umvim.org)  
[www.umvim.org](http://www.umvim.org)

## Physician's Release Form

Team Leader: Please keep original copy

I plan to participate in a Volunteers in Mission project in \_\_\_\_\_ (location of project). I will be doing manual labor outside in a climate that is:

- Hot and Humid                     
  Cold and Damp                     
  Other

Healthcare facilities may be inadequate or nonexistent.

The Volunteers in Mission Medical Fellowship president recommends the following immunizations and prophylactic medications:

1. A diphtheria/tetanus toxoid booster if not received during the past 10 years.
2. A gamma globulin injection or Hepatitis A vaccine series may need to be administered prior to departure in order to prevent Hepatitis A.
3. Hepatitis B vaccine is recommended for medical-dental team missionaries who may be exposed to blood.
4. An antibiotic for the treatment of bacteria diarrhea may be prescribed.
5. Malaria prophylaxis is indicated in certain parts of the world. Recommendations for protection against malaria and other diseases may be obtained by calling the Center for Disease Control (CDC) 24 hour hotline at: 800.232.4636 or 800.CDC.INFO.
6. In most countries where UMVIM teams serve, the use of sunscreen with an SPF factor of 30 is recommended.

Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.

After reviewing the above information and knowing the team member, it is my opinion that not untoward risks would be incurred by this person's participating in a project as described above.

Signed \_\_\_\_\_, MD

Date \_\_\_\_\_

Physical examination performed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Print Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

## Volunteer Medical Release

Each group member should complete a medical release form (parent/guardian signature) is required for everyone under 19. **The group leader will keep this form.** It is advised that group members not normally carrying a medical insurance card bring a copy with them. Some area hospitals and doctors require proof of insurance before treatment.

If you have not had a tetanus shot in the last few years, we recommend having one prior to your arrival.

If anyone in your group has, unusual or significant medical problems list them on the medical release form and advise the work camp office of the condition. Persons must provide their own health and accident insurance covering their trip to and from RBM, as well as while they are here.

### **Medical Release Form Sample**

Name \_\_\_\_\_ Age \_\_\_\_\_ M or F \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Current  
Medication \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medical INS \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Policy# \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

### **Complete if under age 19**

Parent/Guardian \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to receive treatment by competent medical personnel because of any accident or medical emergency while involved on the Red Bird Mission trip.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_  
Relationship to Youth \_\_\_\_\_