Life Impact International Medical Release Form

(ONLY if you checked 'yes' to any question on this Medical Checklist, take this form to your physician to fill out the following section.)

Due to the nature of the mission trips for Life Impact International, applicants may experience difficulty engaging in daily activities on the mission field. Daily activities for most destinations may include, but are not limited to: physically challenging aerobic activity, hiking and extended periods of walking. Dietary and climate changes also add to the physical intensity of our trips as well as the high probability of, at some point, experiencing lack of sleep. Please be considerate of these factors as you evaluate the Applicant's physical readiness for such conditions.

Applicant's Name (Please print) ……
Physician's Name (Please print) ……
Address……
City…… State…….. Postal Code……
Work Phone (…….)…… Email……

Blood Pressure……. (Optional)
Age…….. Birthday ……/……/……

I have reviewed the Applicant's **medical information and history**. I have performed a physical exam. (Please indicate the appropriate choice).

☐ I find the Applicant to be in adequate condition for participation in the aforementioned daily activities.

☐ I have prescribed a medical plan of action for the Applicant to meet prior to the mission trip in order to participate in the daily itinerary during the mission trip.

☐ I do not recommend the Applicant to participate at this time.

Additional Comments
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Physician's Signature…… Date……/……/……..