

PHYSICIAN RELEASE FORM

(Complete this **only** if you checked "yes" to any question on the Medical Checklist. If so, take this form to your physician to fill out.)

Over the years, Community Presbyterian Church has had participants who experience difficulty fully engaging in many of the daily activities during our international mission trips. Typically, travel to our destinations include long airline flights and bus or car rides that are often in cramped conditions. Daily activities include automobile travel over rough terrain to remote locations. Sometimes electricity, phone service, or adequate medical care centers are lacking in the event of emergency.

Each participant may be expected to walk long (several miles) distances or even through rough walking trails. We may experience unpredictable weather patterns and we often consume unique local cuisine. There are often no alternate dietary options for those with particular restrictions.

Additionally, each participant has a high probability of experiencing lack of sleep periodically during these trips. Hotels may not provide electricity for hours or even days for those who are medically dependent on CPAP machines or other medical devices. Destinations are generally in the developing Majority World.

Your patient, (write his/her name here) _____, is seeking your general medical impression as to the wisdom of participating on such a mission trip.

Please be considerate of the factors above as you evaluate the Participant's physical readiness for such conditions.

Physician's Name _____

Address _____

City _____ State _____ Zip Code _____

Work # (____) _____

I have reviewed the Participant's **medical information and history** by review of recent / current records or by physical exam. (Please check the appropriate choice below)

____ I believe the Participant is in adequate condition to participate in mission trip activities mentioned above.

____ I have prescribed a medical plan of action for the Participant to meet in order to safely participate in such a trip.

____ I believe there may be significant risks for this Participant by participating in this type of mission trip.

Physician's Signature _____ Date: ____ / ____ / ____