

Honduras Baptist Dental Mission, Inc.

Team Member Medical Form

This is an Electronic form. Please type in the blue boxes on this form (click them with the mouse to start typing). Then print and sign the form, and give it to your team captain. If completing by hand, please be sure to print clearly.

Team Information

Team Captain

Mission Date

Personal Registration Information

Name (as it appears on your passport)

Allergies and Medical Conditions

Food Allergies

Please list any significant food allergies:

Medication Allergies

Please list any significant medication allergies:

Medical Conditions

Please detail any significant health conditions that may be relevant in an emergency, such as diabetes, heart conditions, epilepsy, and significant or recent surgical events:

Emergency Physician Contact

If you have a significant medical condition and would like to provide an emergency contact for your physician, please fill out the section below:

Physician Name:

Physician Emergency Phone:

**DO NOT DISCONTINUE TAKING ANY OF YOUR MEDICATIONS
UNLESS YOU HAVE BEEN ADVISED TO DO SO BY YOUR DOCTOR**

Sign

Date