

NAME: _____, _____ DOB: _____
Last Name First Name MO/DAY/YEAR

MEDICAL INFORMATION

PART 2 - Completed by the Doctor (page 1 of 1)

PHYSICAL EXAMINATION

(To be completed and signed by physician)

(A physical examination completed after 4/1/2018 is valid and may be attached to this form)

Date of last physical _____

Immunizations:

→ Record the DATE OF LAST TETANUS SHOT: _____ (Year)

Tetanus shots must have been received within the past 10 years.

Please: Explain any abnormalities: Eyes, Ears, Nose, Throat, Lungs, Heart, Abdomen, Spine, Skin, Knees, Ankles, Emotional, or any other situation that would restrict the camper from participating in the trip.

⇒ **PHYSICIAN: PLEASE REVIEW PART 1, CAMPER COMPLETED SECTION OF THIS FORM WITH CAMPER AND BE SURE TETANUS IMMUNIZATION IS CURRENT.**

Please list any restrictions:

Physician Signature: _____ Date: _____

Physician's Phone: _____

Physician's Address: _____

Adult(18 & Older) Registration FORM

St. Catherine of Sweden, Mission Trip 2021

NAME: _____
Last Name First NameDOB: _____
MO/DAY/YEAR**MEDICAL INFORMATION**
PART 1 - Completed by the Camper (*page 2 of 2*)

Condition	Check if Applicable	Note conditions
Asthma		
Diabetes		
Hypertension (high blood pressure)		
Heart disease (i.e. CHF, CAD, MI)		
COPD		
Ear/sinus problems		
Stroke/TIA		
Muscular/skeletal condition		
Menstrual problems (women only)		
Psychiatric, psychological, Autism Spectrum Disorders, emotional difficulties		
Learning disorders (i.e. ADHD, ADD)		
Bleeding disorders		
Fainting Spells		
Thyroid disease		
Kidney disease		
Sickle cell disease		
Seizures		
Sleep disorders (i.e. sleep apnea)		
GI problems (i.e. abdominal, digestive)		

MT 25:41 "Amen, I say to you, whatever you did for one of these least brothers of mine, you did for me."