



MEDICAL DISCLOSURE/EMERGENCY MEDICAL INFORMATION

Information About This Form:

Operation Medical is requiring that you complete this Medical Disclosure/Emergency Medical Information for your safety and benefit and to avoid any unnecessary confusion and disruption during a surgical mission. Operation Medical understands this information is personal and sensitive and will take every precaution to keep this information confidential. As a result, we require that you print off this form and mail the form to Operation Medical at least three weeks prior to the mission departure date. Once we have received your Medical Disclosure/Emergency Medical Information Form, it will be mailed to the Mission Medical Director for his/her use only. At the completion of the mission, these forms will be destroyed. Operation Medical will retain no copies of this form. In the future if you would join Operation Medical on another mission, this form will be required to be completed for that particular mission.

Name _____
(First) (Middle Initial) (Last)

Gender: M F Age: _____

HEALTH INFORMATION

Do you have:

Condition	No	Yes	If, yes, please include specific comments
Anemia/Blood Disorder			
Blood Pressure Problems High or Low			
Heart Disease			
Hepatitis			
Kidney Disease			
Breathing Problems			
Impaired Vision			
Stomach/Intestinal Disorders			
Thyroid Disease			
Seizure Disorder			



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- Yes No Do you have diabetes: If you are diabetic, Is your diabetes controlled through diet, oral medication or insulin?

- Do you have any allergies? If so, please list your allergy.
 - Yes No Drug
 - Yes No Food
 - Yes No Environmental

- Yes No Do you have any condition that would prevent you from participating in activities?

- Please indicate ANYTHING that the mission leader should know to help deal with any situation that may arise:

- LIST ALL CURRENT MEDICATIONS, DOSAGE AND FOR WHAT IT IS BEING TAKEN.

Primary Physician _____ Phone _____

Signature _____ Date _____

Mail this form to:

Operation Medical
44 Hersha Drive
Harrisburg, PA 17102