

# EA DR Health History

Full Name: \_\_\_\_\_ DOB (M?D?Y): \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

## **Immunizations**

Tetanus : \_\_/\_\_/\_\_ Hepatitis A : #1 \_\_/\_\_/\_\_ #2 \_\_/\_\_/\_\_ Hepatitis B: \_\_/\_\_/\_\_

Have you ever had chicken pox? Yes No

## **Medications**

Please list each medication, it's dosage and the time that it is given:

## **Additional Information**

Please list any known allergies (food/medications/bees) and type of reaction(s) :

Please list any frequent or chronic illness (es) that the team leaders should be aware of:

Please explain any behavioral or dietary restrictions:

Please explain any other information that you think would be necessary for the team leaders to know:

### **Every applicant please sign below**

*I give permission for the leadership of the East Association Churches to seek medical attention for me if I am unable to make such a decision.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **If applicant is under 18 a parent or guardian must participate in the trip**

*I give permission for \_\_\_\_\_ (applicant) to travel with the East Association Churches of Maine to the Dominican Republic and to take part in all activities on the trip.*

*I give permission for the leaders of the team to seek medical attention if necessary.*

Parent or Guardian Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_