

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

Have you had covid-19? Yes No

Have you had the covid vaccine? 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: _____