

HEALTH HISTORY

YOUR NAME _____

NAME OF YOUR PERSONAL PHYSICIAN _____ PHONE _____

YOUR BLOOD TYPE _____ CAN YOU DONATE BLOOD? ____ YES ____ NO

PLEASE LIST ANY MEDICAL PROBLEMS _____

DO YOU HAVE ANY ALLERGIES? (i.e. food, drugs, insect bites or stings, etc.) If so, please list: _____

DO YOU REQUIRE AN EPI-PEN? _____ DO YOU CARRY ONE? _____ (Please let the team know where it is located.)

PREVIOUS OPERATIONS OR SERIOUS ILLNESSES (Also list dates) _____

CURRENT MEDICATIONS (List) _____

SPECIAL DIET (Describe) _____

DO YOU OR YOUR PHYSICIAN PLACE ANY LIMITATIONS ON YOURSELF? ____ IF YES, PLEASE SUMMARIZE _____

HAVE YOU HAD?	PLEASE CIRCLE	IF YES, PLEASE GIVE DATE
1) FULL HEPATITIS B IMMUNIZATION SERIES?	YES OR NO	_____
2) TETANUS BOOSTER IN LAST FIVE TO TEN YEARS?	YES OR NO	_____
3) HEPATITIS A VACCINE?	YES OR NO	_____
4) FULL POLIO VACCINATION SERIES?	YES OR NO	_____
5) MEASLES, MUMPS, & RUBELLA VACCINES?	YES OR NO	_____
6) CHICKEN POX VACCINES?	YES OR NO	_____
7) TYPHOID VACCINE?	YES OR NO	_____
8) CHOLERA VACCINE?	YES OR NO	_____

ANY OTHER PERTINENT HEALTH INFORMATION (Please describe) _____

HEALTH INSURANCE

NAME OF INSURANCE COMPANY _____

ADDRESS _____

PHONE NUMBER OF INSURANCE COMPANY _____ THIS POLICY IS ISSUED IN THE NAME OF _____

ADDRESS _____

IF GROUP POLICY, PLEASE LIST EMPLOYER _____ EMPLOYER PHONE NUMBER _____

Be sure to attach a legible copy of your health insurance card (front and back) and verify the information submitted above.

REFERENCES

NAME _____ RELATIONSHIP TO YOU _____

ADDRESS _____

DAY PHONE _____ NIGHT PHONE _____

NAME _____ RELATIONSHIP TO YOU _____

ADDRESS _____

DAY PHONE _____ NIGHT PHONE _____

NAME _____ RELATIONSHIP TO YOU _____

ADDRESS _____

DAY PHONE _____ NIGHT PHONE _____

EMERGENCY CONTACTS

NAME _____ RELATIONSHIP TO YOU _____

ADDRESS _____

DAY PHONE _____ NIGHT PHONE _____

NAME _____ RELATIONSHIP TO YOU _____

ADDRESS _____

DAY PHONE _____ NIGHT PHONE _____

PLEASE ATTACH A COPY OF THE ENDORSEMENT PAGE OF YOUR PASSPORT (FOR OVERSEAS TRAVEL)

PERSONAL PLEDGE

I will respect the authority and leadership of our team leader/s, pastors, and field personnel. I will comply with guidelines and expectations of CCBC, team leader/s, and our partners on the field. I will endeavor to keep the peace and unity among the team as well as with our ministry partners. I acknowledge that our team serves as an extension of CCBC, our partners, and, most importantly, Christ. I therefore agree to refrain from negative attitudes and actions that reflect poorly on Christ, His people, and may possibly hinder the work of ministry.

Signature _____ Date Signed ____/____/____