



PHYSICIAN'S RELEASE

I, _____ plan to participate in a Mission Project with Roswell United Methodist Church (RUMC) in (city, country)_____.

I will be serving in a climate that is () hot and humid () cold and damp () other _____.

I will leave for the trip on (date)_____ and return from the trip on (date) _____.

I am aware that health care facilities may be inadequate or nonexistent.

RUMC recommends consulting with your physician and the latest recommendations provided by the Center for Disease Control (CDC), wwwnc.cdc.gov/travel, regarding the proper immunizations and prophylactic medications for the country you are visiting.

Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.

After reviewing the above information and knowing the team member, it is my opinion that no untoward risks would be incurred by this person's participating in a project as described above.

Signed: _____, M.D. Date: _____

Physical examination performed? _____ Yes _____ No

Print Name: _____ Phone: _____

Address: _____ Fax: _____
