

**GLOBAL IMPACT  
IGNITED STUDENT MINISTRIES  
CORNERSTONE CHURCH  
2007/2008**

**Medical Examination Form**

- **NOTE: PLEASE TAKE THIS FORM TO YOUR PHYSICIAN TO FILL OUT**
- **STUDENT, PARENTS AND TREATING PHYSICIAN MUST SIGN THIS FORM**

Over our years of experience, Global Impact has had participants who have experienced difficulty engaging in daily activities on the mission field. Daily activities for most destinations may include and are not limited to: physically challenging training/activity, hiking, extended periods of walking, etc. Dietary and climate changes also add to the physical intensity of our trips as well as the high probability of, at some point, experiencing lack of sleep. Please be considerate of these factors as you evaluate the Participant's readiness for such conditions.

**Medical Examination to be completed by Physician**

**Student's Name:** \_\_\_\_\_

**1. Is student presently receiving any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No**  
**If so, please attach statement of such medications with orders and directions.**

**2. Does the student have a history of an eating or dietary disorder, or currently manifest any signs of either? \_\_\_\_\_ Yes \_\_\_\_\_ No** If yes, please explain below.

\_\_\_\_\_  
\_\_\_\_\_

**4. Does the student have any physical limitations? \_\_\_\_\_ Yes \_\_\_\_\_ No** If yes, please explain below.

\_\_\_\_\_  
\_\_\_\_\_

I have reviewed the Participant's medical information and history. I have performed a physical exam. *(Please circle the appropriate choice)*

- I find the Participant to be in adequate condition for participation in the aforementioned daily activities.
- I have prescribed a medical plan of action for the Participant to meet prior to the mission trip in order to participate in the daily itinerary during the mission trip.
- I do not recommend the Participant to participate at this time.

**Physicians Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

*To the best of my knowledge, all the above information is both accurate and complete.*

NOTE: If there are existing medical conditions, we must receive a physicians letter with history of the condition and advice for handling any situation which might occur during student's mission trip.