

Haiti Plunge Inc.

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2018 MEDICAL FORM

Note to parents/guardian: The Haiti Plunge wants its mission program to be safe and healthy. However, in the event of an accident or illness it is important that we have the following Information in hand:

1. Medical history
2. Proof of physical examination within the past year.
3. Medical insurance information

PLEASE PRINT CAREFULLY

Cell #

First Last DOB ___/___/___ Age ___ Gender ___ () _____

Parent/Guardian Name _____ Cell phone () _____

Home Address _____ Home phone () _____
Street City State Zip

Name of Business _____ Phone () _____

Work Address _____
Street City State Zip

Second Parent/guardian contact _____ Phone () _____

HEALTH HISTORY (approximate dates)	DISEASE (dates)	ALLERGIES (Check all that apply)	(Give
_____ Frequent Ear Infections	_____ Chicken Pox	_____ Hay Fever	_____ Heart
_____ Defect/Disease	_____ Measles	_____ Poison Ivy	_____ Diabetes
_____ German Measles	_____ Insect Stings	_____ Bleeding/Clotting Disorder	_____ Mumps
_____ Penicillin	_____ Hypertension	_____ Hepatitis A	_____ Other Drugs
_____ Mononucleosis	_____ Hepatitis B	_____ Food (specify)	_____ Convulsions
_____ Hepatitis C	_____ Other (specify)	_____ Epilepsy	

PLEASE PROVIDE DATES WHERE APPROPRIATE

Operations or serious injuries _____

Chronic illness or medical condition _____

Dietary Restrictions _____

Current Medications (send with instructions) _____

Other disease or medical condition _____

Family Physician _____ Phone () _____

Family Dentist _____ Phone () _____

IMMUNIZATION HISTORY (Month and year of immunization and recent booster) Record from a physician may Be attached.

Vaccine Type _____ **First immunization** _____ **Booster** _____

DPT: Diphtheria, Pertussis, Tetanus _____

TD: Tetanus, Diphtheria _____

Oral Polio: (TOPV) _____

Injactable Polio (SALK) _____

MMR: Measles, Mumps, Rubeola _____

Tuberculin Test: _____

HIB: Haemophilus Influenza B _____

Hepatitis A: _____

Hepatitis B: _____

Hepatitis C: _____

Participants for the Haiti Plunge must have a physical within a 12 month period. A copy of that physical must be Attached to this form. The physician must have a signature on the form with the date of your physical.

Name of insurance company: _____ **-Policy Number** _____

Insurance company address _____ **Tele. No.** _____

If I am under age 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold the HAITI PLUNGE, INC. Harmless from any claim asserted by me against the Haiti Plunge, Inc. including its directors, employees and agents. If I should repudiate this release after obtaining adulthood.

I hereby grant permission to the Haiti Plunge, Inc. the right to use, reproduce, and/to distribute photographs, films, video-tapes, and sound recordings of my child or myself without compensation or approval rights, for use in materials created for purposes of promoting the activities of the Haiti Plunge.

Signature of parent/guardian/adult participant _____ **Date:** _____

Signature of minor _____ **Date:** _____

BE SURE ALL SIGNATURES ARE ON THIS FORM

***** ATTACH IMMUNIZATION RECORDS TO THIS FORM**

