



PO Box 376, Adams, MA 01220
 Tele: (413) 346-3241
 email: haitiplungeinc@gmail.com

A cross-cultural initiative empowering young people to make a sustainable difference in the world

2020 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

Name of Applicant _____ DOB ___ / ___ / ___ Age ___ Gender ___ () _____ Cell Phone _____

Parent/Guardian Name _____ Cell Phone () _____

Home Address _____

Home phone () _____ Business _____ () _____ Work Phone _____

Second Parent/guardian contact _____ Cell Phone () _____

Insurance Carrier _____ Policy _____

HEALTH HISTORY DISEASE (dates) ALLERGIES (Check all that apply) (Give approximate dates)

_____ Frequent Ear Infections	_____ Chicken Pox	_____ Hay Fever	_____ Measles
_____ Heart Defect/Disease	_____ Poison Ivy	_____ Diabetes	_____ Hepatitis A
_____ Hepatitis B	_____ Hepatitis C	_____ German Measles	_____ Convulsions
_____ Bleeding/Clotting Disorder	_____ Mumps	_____ Hypertension	_____ Mononucleosis
_____ Epilepsy	Allergy to:	_____ Insect Stings	_____ Penicillin
_____ Other Medicine (Specify) _____		_____ Food (specify) _____	
_____ Other (specify) _____			

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)

Immunization Record and a current (within 12 months), signed physical from a physician must be attached.

Immunization Type	Date of First Immunization	Date of Booster
DPT (Diphtheria, Pertussis, Tetanus)		
TD (Tetanus, Diphtheria)		
Oral Polio (TOPV)		
Injectable Polio (SALK)		
MMR (Measles, Mumps, Rubeola)		
Tuberculin Test		
HIB (Haemophilus Influenza B)		
Hepatitis A		
Hepatitis B		
Hepatitis C		

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/PHYSICAL TO THIS FORM
ATTACH A COPY OF THE CURRENT AND VALID INSURANCE CARD (FRONT AND BACK)**