

**FISHFORMEN, INC. MINISTRIES  
MINISTRY TRIP RELEASE  
MEDICAL INFORMATION FORM**

**NAME:** \_\_\_\_\_ **Blood Type:** \_\_\_\_\_

List any specific allergies: \_\_\_\_\_  
\_\_\_\_\_

List any medication that will be required during the trip (include over the counter):  
\_\_\_\_\_  
\_\_\_\_\_

The food in (name of location) is not what would normally be expected in the United States. Do you have any specific diet restrictions or diet related problems that the group will need to accommodate? \_\_\_\_\_  
\_\_\_\_\_

It is anticipated that the temperature during the trip will vary throughout the day, that team members will be required to be on their feet for several hours at a time, and that daily schedules will, potentially, last 12-16 hours. Do you anticipate any potential medical or other problems due to the heat or arduous schedule? \_\_\_\_\_  
If yes, please describe.  
\_\_\_\_\_  
\_\_\_\_\_

Is there any history of motion sickness? \_\_\_\_\_

Is there any history of sleep disorders? \_\_\_\_\_ If yes, please describe.  
\_\_\_\_\_  
\_\_\_\_\_

Are there any conditions not mentioned above that you feel it is important for the leaders to know?  
\_\_\_\_\_  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_