

# Costa Rica



# 2006

## Mission Trip Application & Health Information

### Personal Information:

name: \_\_\_\_\_ age: \_\_\_\_\_  
street address: \_\_\_\_\_  
city: \_\_\_\_\_ state: \_\_\_\_\_ zip code: \_\_\_\_\_  
home phone: \_\_\_\_\_ birthdate: \_\_\_\_\_  
work phone: \_\_\_\_\_ male: \_\_\_\_\_ female: \_\_\_\_\_  
cell phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_

### Parent/Guardian Information: (if applicable)

name: \_\_\_\_\_  
street address: \_\_\_\_\_  
city: \_\_\_\_\_ state: \_\_\_\_\_ zip code: \_\_\_\_\_  
home phone: \_\_\_\_\_  
work phone: \_\_\_\_\_  
cell phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_



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4. Check any of the following conditions that apply.

- Asthma
- Bleeding tendency
- Cancer
- Colitis
- Diabetes
- Epilepsy (seizures)
- Heart Disorder
- High Blood Pressure
- Ulcers
- Migraine Headaches

If you checked any of the above conditions, please state how you keep the condition under control.

5. Please list any other medical conditions we should be aware of.

6. Are you up-to-date with each of your immunizations as required by the State of Florida?  
(see <http://www.immunizeflorida.org/parents/requirements.htm> for more info)

7. Please list the date you your last Tetanus shot.

8. Do you have a current passport? If your answer is yes, please attach a copy.