



**HEALTH CARE PROFESSIONAL’S INFORMATION AND MEMBER MEDICAL CERTIFICATION**

<b>Member Name:</b>	
Mission Dates:	Mission Site:

I plan to participate in a Volunteer in Mission project where I will be doing manual labor outside in a climate that is: \_\_\_ Hot and Humid \_\_\_ Cold and Damp \_\_\_ Other (specify) : \_\_\_\_\_

Healthcare facilities may be distant, inadequate or nonexistent.

The Volunteers in Mission program recommends the following immunizations and prophylactic medications, depending on mission location:

1. A diphtheria/tetanus toxoid booster received during the past 10 years.
2. A gamma globulin injection or Hepatitis A vaccine series may prior to departure.
3. Hepatitis B vaccine for medical-dental teams who may be exposed to blood.
4. An antibiotic for the treatment of bacterial diarrhea.
5. Malaria prophylaxis.
6. In most countries where UMVIM teams serve, the use of sunscreen with an SPF factor of 30 or greater is recommended.

Specific recommendations for protection against malaria and other diseases, some not listed here, by location, may be obtained by calling the Center for Disease Control (CDC) 24 hour hotline at: 800-232-4636 or 800-CDC-INFO.

**Health Care Professional Certification:**

As physician or other health care professional to the mission team member listed above, I have reviewed the member’s condition, the likely conditions under which this mission is to be undertaken and the recommendations above and/or provided by the CDC. I have discussed them and their related risks with the listed member and/or member’s parent.

Health Care Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

**Team Member Medical Certification:**

I understand the likely conditions under which this mission is to be undertaken and believe that I do not incur untoward medical risk in undertaking this mission. I have discussed these conditions as well as the recommendations for immunizations and prophylactic medications with my physician or other health care professional as needed for this mission trip.

Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (for youth under age 18)