

**#1c. TEAM MEMBER HEALTH HISTORY FORM**

Please notify your team leader of any health issue that may impact your ability to travel and participate in this mission. Up-to-date health information is critical to your safety, if you have additional health or medical information that is not included in the form; please add additional pages as necessary. Note that HOM does not guarantee access to electricity or refrigeration and cannot be responsible for medical equipment (i.e. c-pap monitors) that requires electricity.

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE #: \_\_\_\_\_

INSURANCE COMPANY AND POLICY # \_\_\_\_\_

PRIMARY CARE PROVIDER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MEDICAL/HEALTH PROBLEMS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MEDICATIONS:

_____	_____
_____	_____
_____	_____
_____	_____

DRUG ALLERGIES:

_____	_____
_____	_____
_____	_____

*In the event of a medical emergency if I am unable to communicate, I authorize HOM and its agents in its sole discretion to: (1) take reasonable actions, including hospitalizing me, for my health and well-being and at my expense; (2) notify the person(s) listed as my emergency contacts of the nature of the emergency and my location*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian of minor \_\_\_\_\_  
*Team Leaders: have each team member sign this form and retain the copies until after completion of your trip*