



114 Woodland Street • Hartford, CT 06105 • www.stfrancisimm.org

See the World. Make a Difference. Change Your Life.

Health Disclosure Form:

Name:

Date of Birth: _____

Health Care Provider's Name: _____

Phone
Number: _____

Location: _____

Emergency Contact: _____

Relationship to
Missionary: _____

Phone Number: _____

Allergies To: Foods/Meds/Environment with Reactions:

Special Dietary Needs: _____

List Health Conditions We Should Be Aware of (ex: diabetes, seizures, heart issues):

List Any Critical Medications that are Taken Daily (ex: insulin, anti-seizure meds, heart meds):

Any Implanted or Worn Devices: (ex: pacemakers, stents, valves, artificial joints)

Other Key Issues that Could Impact Emergency Care While
on a Mission Trip:

Signature: _____

Date: _____