HAITIPLUNGE

A cross-cultural initiative empowering young people to make a sustainable difference in the world

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2021 MEDICAL FORM

Note to parents/guardian: The Haiti Plunge wants its mission program to be safe and healthy. However, in the event of an accident or illness it is important that we have the following Information in hand:

1. Medical history
2. Proof of physical examination within the past year.
3. Medical insurance information

PLEASE PRINT CAREFULLY

Cell Phone
Name of Applicant_____ DOB___ /____/____Age___ Gender____ ( )_____

Parent/Guardian Name _____ Cell Phone ( ) _____

Home Address _____

Work Phone
Home phone ( )_____ Business_____ (_____)_____

Second Parent/guardian contact_____ Cell Phone ( ) _____

Insurance Carrier _____ Policy _____

HEALTH HISTORY DISEASE (dates) ALLERGIES (Check all that apply) (Give approximate dates)

_____Frequent Ear Infections _____Chicken Pox _____Hay Fever _____Measles
_____Heart Defect/Disease _____ Poison Ivy _____Diabetes _____Hepatitis A
_____Hepatitis B _____ Hepatits C _____German Measles _____Convulsions
_____Bleeding/Clotting Disorder _____Mumps _____ Hypertension _____Mononucleosis
_____Epilepsy Allergy to: _____Insect Stings _____Penicillin
_____ Other Medicine (Specify) _____ _____ Food (specify) _____
_____Other (specify) _____ _____ COVID

PLEASE PROVIDE DATES WHERE APPROPRIATE

Operations or serious injuries_____

Chronic illness or medical condition_____

Dietary Restrictions_____

Current Medications (send with instructions)_____

Other disease or medical condition_____

Family Physician_____Phone ( ) _____

Family Dentist_____ Phone ( )_____

IMMUNIZATION HISTORY (Month and year of immunization and recent booster)

Immunization Record and a current (within 12 months), signed physical from a physician must be attached.

Immunization Type	Date of First Immunization	Date of Booster
DPT (Diphtheria, Pertussis, Tetanus)		
TD (Tetanus, Diptheria)		
Oral Polio (TOPV)		
Injectable Polio (SALK)		
MMR (Measles, Mumps, Rubeola)		
Tuberculin Test		
HIB (Haemophilus Influenza B)		
Hepatitis A		
Hepatitis B		
Hepatitis C		
COVID VACCINE		

If I am under age 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold the HAITI PLUNGE, INC. Harmless from any claim asserted by me against the Haiti Plunge, Inc. including its directors, employees and agents. If I should repudiate this release after obtaining adulthood. I hereby grant permission to the Haiti Plunge, Inc. the right to use, reproduce, and/to distribute photographs, films, video-tapes, and sound recordings of my child or myself without compensation or approval rights, for use in materials created for purposes of promoting the activities of the Haiti Plunge.

Signature of parent/guardian/adult participant_____ Date:_____

Signature of minor _____ Date:_____

BE SURE ALL SIGNATURES ARE ON THIS FORM * ATTACH IMMUNIZATION RECORDS/PHYSICAL TO THIS FORM**
ATTACH A COPY OF THE CURRENT AND VALID INSURANCE CARD (FRONT AND BACK)