



## Medical Information

*to be completed by Missioner's physician*

I, (Missioner's Name) \_\_\_\_\_, plan to participate in an international mission trip from 3/14/2026 to 3/21/2026 in Costa Rica  
*Dates of Mission Journey* *Location of Mission Journey*

Our 2026 Mission Trip to Costa Rica will include conducting Bible schools and/or drilling wells for drinking water. Team members will need to be prepared for the following:

- Work sites are 3 ½ hours from the nearest medical facilities
- Team members may expect to walk 2-4 miles daily over dirt roads (no sidewalks)
- Team members may need to carry 10-15 lbs. of materials (shovels, cement, boxes)
- Team members will need to be able to get in and out of 4X4 vehicles
- Work will happen in humid weather at 140 feet above sea level, with afternoon temperatures in the low 90's

The United Methodist Fellowship of Health Care Volunteers suggests the following immunizations and prophylactic medications:

### RECOMMENDED IMMUNIZATIONS (ROUTINE)

Vaccine	Schedule
Diphtheria/Tetanus/Pertussis (TDAP)	Every 10 Years
COVID-19	Vaccine + Available Booster(s)
Polio	Single Booster, OPV
MMR	1 Month Before Travel if Non-Immune

For travel outside of the United States of America, please consult the CDC website: [www.cdc.gov/travel](http://www.cdc.gov/travel) for country specific information on immunizations and prophylactic medications.

Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.

### For Use by Physician:

Signed \_\_\_\_\_ M.D. Date \_\_\_\_\_

Patient is approved for participation in this mission trip: \_\_\_\_\_ Yes \_\_\_\_\_ No

Print Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_