



Physician's Release Form

TEAM LEADER: PLEASE KEEP THE ORIGINAL COPY

Team Member Name: _____ **DOB:** _____

I plan to participate on a mission trip to Honduras with the Friends of Barnabas. Travel in Honduras can be strenuous. Bus rides are typically quite rough and team members are required to hike in the mountains at times. During much of the year, it is extremely hot and humid in Honduras.

Healthcare facilities may be limited, inadequate, or nonexistent.

A completed COVID19 vaccine is required by Friends of Barnabas to travel on one of our teams.

The following lists the most often recommended immunizations and preventive medicines for travel to Honduras:

- Up to Date Routine Vaccines (MMR, DTaP, Varicella, Polio)
- Flu Shot
- Tetanus Booster
- Hepatitis A
- Hepatitis B
- Malaria Prevention
- Typhoid
- Yellow Fever

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.

After reviewing the above information and knowing the team member, it is my opinion that not untoward risks would be incurred by this person's participating in a project as described above.

Signed _____

Date _____

Physical examination performed? _____ Yes _____ No

Print Name _____

Address _____

Phone _____

Fax _____