



MEDICAL EVALUATION FORM/DISCLAIMER

Medical Ministry International serves in a variety of locations around the world and our focus is to serve the Poor. It is with intention that we seek confirmation that our Volunteers will be able to fulfill their roles in somewhat limited and difficult environments when necessary.

I have known this patient for the past _____ (years/months)

- 1. This Participant is presently in good physical and mental health and to my knowledge, has no chronic or long-term health problems that could pose a risk to being able to participate on a Project Team.
2. While working with the Project Team, the Participant may be exposed to long days, challenging conditions, etc. Are there any medical issues that could limit the participant from being able to participate and cause significant disruption to the team?

Please check here and attach a description of any issues " _____

Date: _____ Physician: _____ (Signature)

Name of Physician: _____ Phone #: _____ (Please Print)

Address of Physician: _____

Disclaimer for Participation: MMI reserves the right to deny or remove a participant from MMI initiatives for any reason if it is determined that the individual or group's behavior, personality, physical limitations, etc., preclude the team from accomplishing its designated goals. MMI is an organization that follows the example of Jesus and any violation of moral or ethical standards can result in immediate dismissal. The participant will be liable for all additional costs incurred or claims from third parties, and MMI will not be liable for any compensation or damages resulting from said issues.

ALL PARTICIPANTS ARE REQUIRED TO RESEARCH AND DETERMINE ANY NECESSARY IMMUNIZATIONS OR MEDICATIONS FOR THE AREA WHERE THEY ARE SERVING.

Volunteer Signature

Date

Printed name _____