

VOLUNTEER REGISTRATION FORM
Completion required in order to hold slot for specific trip date.



PART 2: PERSONAL MEDICAL INFORMATION:

1. Please complete all sections of this form so that we can ensure that the appropriate level of care can be met to maintain your health and physical well-being.
2. Obtain a pre-trip examination with physician signature as deemed necessary for travel safety by team member, personal physician recommendation or The MIVO Foundation.

Provide a medical history of significance (e.g. serious health conditions, chronic illness such as Diabetes, hospitalizations, surgeries, etc.)

Provide current findings of significance (e.g. acute illness, elevated BP, HIV/AIDS, etc.)

Provide a list of regular medications:

Allergies:

Volunteer's Signature: _____ **Date:** _____

Physician's Signature: _____ **Date:** _____