

OMS International
Medical Release Form – Short Term

OMS International - Canada
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Full Name: _____ Today's Date: _____

Personal physician's name: _____ Phone: _____

Complete address: _____

Health Insurance Company: _____

Policy holder's name: _____ Policy number: _____

Are you undergoing medical care at this time? Yes No If yes, please explain: _____

Do you have any medical conditions of which an attending doctor should be aware? Yes No If yes, please explain: _____

Do you have any physical, mental, neurological, or psychological conditions? Yes No If yes, please explain: _____

Are there any medications being taken or used of which an attending medical doctor should be aware: _____

If you have had recurrent or chronic problems with any of the following, please circle and explain:

Headaches _____

Backaches _____

Neck pain _____

Eating disorder (anorexia nervosa, bulimia) _____

Jaw pain (TMJ) _____

Chronic fatigue _____

Irritable bowel or colitis _____

Ulcer disease or gastritis _____

High blood pressure _____

Depression _____

Lung condition (asthma) _____

Cardiovascular condition _____

Do you have any history of alcohol or substance abuse? Yes No If yes, please explain: _____

Do you have any allergies to any known medications, foods, or animals? Yes No If yes, please explain: _____

Do you have any restrictions on activities? Yes No If yes, please describe: _____

On what date were your last inoculations and/or anti-malarial medication (if required) administered? _____

List inoculations: _____

Date of last tetanus shot or booster: _____

Due to the nature of cross-cultural ministry and the necessity to adapt to the stress of living overseas, OMS requires its applicants to have a certain level of emotional and psychological stability. In addition, living conditions and available medical facilities in some countries necessitate missionaries to be in good health. Therefore, we ask that you read the following statement and sign below indicating your agreement.

I understand that if I am accepted for missionary service with OMS International, Inc., as a condition of beginning my employment, I may be required by OMS to undergo a physical examination, psychological evaluation, respond to health questionnaires, and submit documentation with respect to my general physical and mental well-being. Pursuant to that understanding, I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish to OMS any medical information with reference to me as may be necessary in conjunction with such examinations, questionnaires, or requests for information.

Signature: _____ Date: _____