

Holy Sacrament Episcopal Church
2801 North University Drive, Pembroke Pines, FL 33025
Friends Reaching Friends

2020 Guyana Mission Trip
June 6-14, 2020

MEDICAL CLEARANCE

Name: _____
(Please Print)

DOB: _____

Date of most recent health maintenance exam: _____
(Must have been completed within six months prior to date of departure)

Additional Comments:

By my signature below, I am indicating, to the best of my medical knowledge, that the above-named individual is in good health, and is a qualified candidate for a short-term mission trip to Guyana on the dates of trip indicated above.

Signature of examiner: _____ **Date:** _____

(Please stamp with name of medical practice, address, and phone number)