***Rio Missions Panama* Medical Health Questionnaire**

Guest Name: Age: Gender: Blood Type:

Please describe any chronic medical conditions or major medical events including surgeries:

List any major allergies to food or substances (medications):

List any medications that you will be bringing/taking during the trip:

List any mental health issues that you have been treated for or suffer from:

Have you ever been diagnosed with Malaria or Dengue Fever?\_Yes (circle) / No

Are there any other medical issues that we should know about as we host you in Panama?

Is anyone in your immediate family dealing with a major medical issue while you are in Panama? Yes (indicate) / No

Have you purchased travelers insurance for your trip? Yes / No

Who should we contact in case of a major medical emergency?

Name:

Phone:

Email:

Do you have experience as a medical care giver or certifications in first aid/cpr?