

Health Information Report



Instructions. As part of the application process with Assemblies of God World Missions, please do the following:

- (1) Schedule a comprehensive medical exam for each member of your family.
- (2) Complete Section 1 of this document for each member of your family and print hard copies of each.
- (3) Provide hard copies to your physician at your appointment, and request he/she complete Section 2.
- (4) Submit completed forms to your application specialist (scan and submit using <https://secure3.ag.org/uploads>, or mail to AGWM Personnel and Member Care, 1445 North Boonville Avenue, Springfield, MO 65802, marked "Personal and Confidential").

Section 1: To Be Completed by the Patient

Patient _____ Parent/Guardian _____ Today's Date _____
 DOB _____ Height _____ Weight _____
 Physician's Name _____ Physician's Phone _____

<i>Allergies (medications, food, environmental)</i>

Current Medications/ Vitamins/Supplements	Purpose	Available In-Country or Special Handling/Storage Requirement

Immunizations	Date	*	Immunizations (<i>continued</i>)	Date	*
Diphtheria/tetanus/acellular pertussis (DTaP)		<input type="checkbox"/>	Tetanus/diphtheria/acellular pertussis (TDaP)		<input type="checkbox"/>
Diphtheria/tetanus		<input type="checkbox"/>	Tetanus/diphtheria		<input type="checkbox"/>
Haemophilus influenza type B		<input type="checkbox"/>	Varicella		<input type="checkbox"/>
Hepatitis A		<input type="checkbox"/>	Typhoid fever		<input type="checkbox"/>
Hepatitis B		<input type="checkbox"/>	Yellow fever		<input type="checkbox"/>
Human papillomavirus (HPV)		<input type="checkbox"/>	Combination Vaccines		<input type="checkbox"/>
Influenza (inactivated)		<input type="checkbox"/>	DTaP/hepatitis B/inactivated poliovirus		<input type="checkbox"/>
Measles/mumps/rubella (MMR)		<input type="checkbox"/>	DTaP/inactivated poliovirus/haemophilus influenza type B		<input type="checkbox"/>
Meningococcal serogroups A/C/Y/W		<input type="checkbox"/>	DTaP/inactivated poliovirus		<input type="checkbox"/>
Meningococcal serogroup B		<input type="checkbox"/>	Measles/mumps/rubella/varicella (MMRV)		<input type="checkbox"/>
Pneumococcal 13-valent conjugate		<input type="checkbox"/>	Other Vaccines (<i>list</i>)		<input type="checkbox"/>
Poliovirus (inactivated)		<input type="checkbox"/>			<input type="checkbox"/>
Rotavirus		<input type="checkbox"/>			<input type="checkbox"/>
Shingles (newest)		<input type="checkbox"/>			<input type="checkbox"/>

*Note when a series is complete by adding a check mark after the date field for each immunization.

Surgeries/Major Illnesses/Accidents	Approx. Date

Special Medical Equipment/Supplies	Powered?	Maintenance Requirements

