



HEALTH DECLARATION & RELEASE OF LIABILITY FORM

(1) HEALTH DECLARATION

~ CONFIDENTIAL ~

The intent of this health declaration form is to collect essential health and medical information from the mission tripper in order to enable timely support in the event of unforeseen illness or emergency. This form will be kept in confidential with your trip team leader and will be discarded by your trip team leader upon return.

To be completed by Mission Tripper

(If the Applicant is under 21 years of age, parent or legal guardian is to assist in obtaining information)

PLEASE WRITE CLEARLY

Trip Code:

Country: _____

Location: _____

Start Date: __ __ / __ __ __ / __ __ __ __
(dd) (mmm) (yyyy)

End Date: __ __ / __ __ __ / __ __ __ __
(dd) (mmm) (yyyy)

Name as in Passport: _____

Gender: [] Male [] Female

Date of Birth: _____
(dd/mmm/yyyy)

Age: _____

Marital Status: [] Single [] Married [] Divorced [] Widowed

Passport No.: _____

Expiry Date: _____

(dd/mmm/yyyy)

Email: _____

Contact No.: _____

Health (tick one): [] Excellent [] Good [] Fair [] Poor

Blood Type (tick one): [] A+ [] A- [] B+ [] B-
[] AB+ [] AB- [] O+ [] O-
[] I am not sure

Blood Pressure (tick one): [] Normal [] Low [] High

History (Example: Medical / Surgical / Accident / Mental / Serious illness / Family / Nil)



Are you on any form of medication / doctor’s care? Yes No

If Yes, please give details: _____

Do you suffer from or have been treated for any of the following? Yes No

If Yes, please tick and give details below.

- Cancer Epilepsy Disease of Brain / Nervous System
- Heart Disease Chest Pain Disease of Blood / Metabolism
- Diabetes Migraine Disease of Kidney / Genito Urinary System
- Hepatitis Anaemia Disease of Muscles / Bones
- Stroke Fainting Spells Respiratory Disorder / Asthma
- Others :

Details:

*Are you pregnant? Yes No

Note: For females only.

Do you have any allergies? Yes No

If Yes, please give details:



Have you ever been on a mission trip? [] Yes [] No

Emergency Contact

In case of Emergency, who should we contact? (**Emergency contact cannot be the person going on the same trip.**)

Full Name: _____

Relationship:

(e.g. father, mother, brother, sister, nephew, niece, etc)

Home #: _____

Mobile #:



(2) RELEASE OF LIABILITY

As a mission tripper for Church of our Saviour (COOS), I hereby release COOS from any liability or responsibility for injury to me of any kind, including, but not limited to, bodily injury, emotional distress, or economic loss, that I may sustain as a result of, or otherwise occurring while I am acting as a volunteer participating in the mission trips and programme in the country or countries that I signed up to be involved in.

By this release, I intend that COOS will have no responsibility for any injuries to my person that occur during, or as the result of, my travel to or from my training or preparation location, while being trained or otherwise being prepared for my trip, as well as my actual travel within the country or countries.

I voluntarily assume any and all risks that I may be detained and/or incarcerated by the authorities of the country or countries where I travel while engaged in my volunteer duties on behalf of COOS. I agree to hold COOS harmless in all respects if that should occur.

To be completed by Mission Tripper

Name as in Passport: _____

Date: _____

Signature of Mission Tripper: _____

If the applicant is under 21 years of age, the consent of a parent or a legal guardian is required.*

*Consent of Parent/Legal Guardian

Name as in NRIC: _____

Date: _____

Signature: _____

Relationship: _____

IMPORTANT: It is MANDATORY for all mission trippers to have a valid travel insurance plan for the mission trip that provides coverage for (1) COVID19, (2) Hospitalization / Medical Expenses, and (3) Emergency Evacuation. Please provide us with the following information:

Travel Insurance: _____ Policy Number: _____



By signing this form, you agree that Church of Our Saviour may collect, use and disclose your personal data, as provided in this form, for the processing of this application with all relevant parties in accordance with the Personal Data Protection Act 2012.

~ End of Form ~