



ADRA CONNECTIONS

Medical Clearance Form

Trip name _____

Full name of ADRA Connections participant _____

Country and region of travel _____

I have examined the individual listed above and confirm that he/she:

- Has a good standard of physical fitness;
- Is fit to travel overseas in remote locations on a short-term volunteer service trip

Please list any physical conditions that would limit or prevent participation in overseas travel/manual labour. If necessary, include special considerations to reduce risk.

Please list any mental conditions that would limit or prevent participation in overseas travel/manual labour. If necessary, include special considerations to reduce risk.

DOCTOR'S NAME	DOCTOR'S STAMP
DOCTOR'S SIGNATURE	
DATE	