



FACE THE CHALLENGE, INC.
 16748 E. Smoky Hill Rd., Box 300
 Centennial, CO 80015-2495 USA

TEL: 303.699.7970
 FAX: 303.699.7454
www.facethechallenge.org

*Surgically Correcting Facial Deformities
 of the World's Youngest and Poorest*

Surgical Trip Participant Health History Form - Please Read Before Signing

The proposed surgical mission provided by Face the Challenge, Inc. (FTC) requires participation in activities that are physically and mentally demanding. Many of the activities will challenge you, which can cause surges in blood pressure and heart rates. It is imperative that you are free of any heart-related or other diseases. Therefore, all participants must be free of medical, physical, and mental conditions that might create undue risks to themselves or any others who depend on them. Good physical condition will increase effectiveness as a surgical team member and your enjoyment of this mission. If there is any doubt about your ability to participate safely in this experience, FTC strongly advises a physical examination prior to your application.

Personal Information

First & Last Name

Home Phone

Address

Work Phone

City

Cell Phone

State/Province

Pager

Fax

Zip/Postal Code

E-Mail

Country

Gender

Height

Weight

Occupation

Birthdate

Age

Emergency Contact Information

Primary Contact - First & Last Name

Secondary Contact - First & Last Name

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

Physician Information

Physician Name

Date Of Last Physical

Phone

Current Blood Pressure

Pulse Rate

Medical Insurance Information

Medical/Hospital Insurance Carrier Name

Phone

Policy /Group Number

Address

1. Have you had or do you currently have any heart problems, i.e. strokes, heart attacks, and/or heart-related diseases?
 yes no If yes, describe:

2. Do you suffer from pains/pressure in your chest?
 yes no If yes, describe:

3. Do you often feel faint or have spells of severe dizziness?
 yes no If yes, describe:

4. Has a doctor ever told you that you have high blood pressure?
 yes no If yes, describe:

5. Are you a smoker?
 yes no If yes, describe:

NOTE: If you have had any heart-related problems you will need to have a release from a physician in order to participate in any surgical mission activities.

6. Do you have arthritis, joint, back problems, or use prosthetic devices that might be aggravated by travel activities?
 yes no If yes, describe:

7. Have you had any operations or serious injuries?
 yes no If yes, describe (Types, dates):

8. Do you have any disabilities or chronic recurring illness(es)?
 yes no If yes, describe:

9. Are there any activities to be limited/discouraged by physician's advice?
 yes no If yes, describe:

10. Are you allergic to any medications, foods, insects, pollen, etc.?
 yes no If yes, describe:

11. Do you have asthma?
 yes no If yes, describe:

12. Do you have epilepsy?
 yes no If yes, describe:

13. Do you have diabetes?
 yes no If yes, describe:

14. Are you Insulin-dependent?
 yes no If yes, describe:

15. Do you have any prescribed meal plan or restrictions?
 yes no If yes, describe:

16. Are you currently sick and/or using a medication not listed above?
 yes no If yes, describe:

REPRESENTATION & EMERGENCY AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed surgical mission activities, except as noted.

I hereby give permission to the medical personnel selected by Face the Challenge, Inc., or it's agents to order x-rays, routine tests and treatment, as well as injection and/or anesthesia and/or surgery for me as named above. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation, if Face the Challenge, Inc., or it's agents, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide with the restrictions placed on my surgical mission activities.

Please sign this form and return by mail or fax to Face The Challenge.

Name Of Participant (please print)

Signature Of Participant/Or Guardian (if participant is under 18 years of age) Date

Signature Of Witness Date