

Total Health Mission Trip Application



A NOTE TO ALL APPLICANTS

Thank you for your interest in a medical mission trip to one of our Salud Total locations. Serving the poor around the world can be a life changing experience and will produce memories and friendships that will last a lifetime. We are excited to work with you changing people's lives around the world.

Please be sure to consider carefully your commitment to working in Latin America before applying. Once you have applied we consider that position filled and have no alternatives for medical care if you decide not to go. Also, due to a limited number of flights into and out of Latin America we must make travel plans several months in advance. This requires that we collect money for your trip several months ahead of time. We are excited to work with you and appreciate your cooperation.

While the countries we work in have had a stable government for a few years now, we cannot guarantee political stability. We work in third world countries that have the problems and risks you would expect including poor road infrastructure, lawlessness, disease, evacuation difficulties, and others. Our hosts in Latin America have significant experience in safely housing, feeding, and transporting visitors but you must be aware that there is some inherent risk in traveling to this part of the world. As a traveler you will be responsible for obtaining all necessary immunizations and will assume the risk associated with travel to Central America.

Please note that we will contact you after your trip to follow up. If there is any way we can improve we would love to hear from you.

Application guidelines:

- ❑ The total cost of the trip is \$1600(this covers your transportation, food, lodging and insurance).
- ❑ Applications must be received at least 4 months prior to your trip. A \$50 NON-REFUNDABLE processing fee is due with your application.
- ❑ Send a copy of your passport and current medical license (if applicable) along with the application. These are required to process your application.
- ❑ Your plane tickets will not be purchased until all money has arrived. To ensure your trip takes place we recommend all payments be made at least 3 months prior to your trip.
- ❑ All contributions are tax-deductible. Please make checks payable to: "**Total Health**" and mail to Total Health, P.O. Box 424, Lewis Center, OH 43035.

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General Information

Trip location

Name (as it appears on your passport)	Date of birth
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Street address	City	State	Zip code
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Email

Home Phone	Work Phone	Mobile Phone
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Profession	Trip dates From: To:
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US Citizen? △ YES △ NO	If no, country of citizenship	Visa status
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Passport number	Expiration date
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Medical Background/Experience

Briefly describe your medical training and experience. Include areas of expertise and preferred patient population.

References

Name	Relationship	Phone
1.		
2.		
3.		

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Experience in Overseas Medical Work

Past Trip Location	Dates
1.	
2.	
3.	
4.	

Language Skills

Language	Fluency				
	Minimal	Limited	Fair	Good	Native
1.					
2.					
3.					
4.					

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Personal Medical Information

Major Illnesses

Regular Medications

Allergies

Treatments/Hospitalizations

Physical limitations/Restrictions

Blood Type

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Vaccinations

Vaccine	Dates given		
Tetanus			
Typhoid			
Hepatitis A	1 st	2 nd	
Hepatitis B	1 st	2 nd	3 rd

Unless your personal physician recommends otherwise, the basic immunizations we recommend are Hepatitis A, Hepatitis B, tetanus, typhoid, MMR (if needed), Varicella (if needed), and Malaria prophylaxis. Each traveler should check the CDC web site at www.cdc.gov for their latest recommendations. *It is your responsibility to ensure that you are properly vaccinated.*

I have read the above recommendations:

Signature	Date Signed
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Insurance Information

Your Current Insurance Company	Your Current Policy Number
Beneficiary for Travel Insurance Policy We Purchase For You	Relationship

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Emergency Contact

Name	Contact Relation
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Street address	City	State	Zip code
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Email

Home Phone	Work Phone	Mobile Phone
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Commitment

I certify that I have read the Total Health Travel Guide and understand the basic social differences expectations in Latin America as described in the Travel Guide. I understand that I will be working in a local church and agree to work within to the social expectations of those I am working with.

I certify that to the best of my knowledge the above information is accurate. I understand that it is my responsibility to obtain appropriate immunizations and I assume all risk associated with travel to Central America.

Signature	Date signed	Date submitted
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