



Saint Paul Catholic Church  
9240 Damascus Road  
Damascus, Maryland 20872

### St. Paul Honduras Mission: Missionary Medical History Form

Thank you for completing the required Medical History Form.

Completed forms can be mailed or dropped off at St. Paul  
to the attention of Sherrie Wade, coordinator for the mission trips.

Should you have any questions, please email Sherrie  
[Honduras@stpauldamascus.org](mailto:Honduras@stpauldamascus.org) ,

Missionary Name \_\_\_\_\_

1. Current medications:

Medication Name	Dosage	Frequency

*Should you need more space to provide a complete list of medications, please feel free to list on back of form.*

2. Please list any allergies, including allergies to medications:

3. Please describe any conditions that may limit your participation in physical/strenuous work?

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4. COVID-19 Status (Please check all that apply.)

Past Positive COVID-19 Test (Note approximate date)	
Positive COVID-19 Antibody Test (Note date of test)	
Fully Vaccinated	
Long term Post-COVID-19 Symptoms (Please list below)	

*Documentation of vaccination is required for mission trip participants.*

*(Alternatively, documentation of antibodies may be requested.)*

5. Medical history: (Please check all that apply)

Medical Condition	Current	Past
Cardiac (chest pain, heart attack, arrhythmia, palpitations)		
High blood pressure		
Stroke		
Diabetes / high blood sugar		
Fainting		
Concussions		
Seizures		
Gastrointestinal problems		
Respiratory (asthma, shortness of breath on exertion)		
Migraines		
Arthritis or unresolved joint pain		
Anxiety or panic attacks		
Depression, or other mental health condition		
Allergies		
Kidney Disease		

6. If you have experienced or are currently being treated for any of the conditions above (or any additional conditions not listed), please provide explanation of condition/treatment below (or on back as needed).

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7. Please indicate prior vaccinations and dates.  
(Your doctor may be able to provide a copy of your vaccination record at your request which can be attached to this form.)

Vaccination Type	Dates of Vaccinations
<b>Required for International Mission Trips</b>	
COVID-19 Vaccination  Please note which vaccine you received: (e.g. Pfizer/Moderna/J&J)	1.  2.
COVID-19 Booster	
Tetanus / TDAP	
<b>Recommended for Mission Trips</b>	
Typhoid:    Oral <input type="checkbox"/> Injection <input type="checkbox"/>	
Hepatitis A	
Hepatitis B	
<b>Additional Vaccinations</b>	

8. Signature

\_\_\_\_\_ Date: \_\_\_\_\_

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