



This is only required if you checked ANYTHING in SECTION THREE of the Online Medical Form

PHYSICIAN RELEASE FORM

Applicant Name: _____ **Date of Birth:** ___/___/___

The above mentioned applicant is applying to participate in a short term trip with Awe Star Ministries, Inc., also known as Awe Star Missions. The applicant will travel long distances in airplanes, vehicles, and potentially boats. They will potentially take part in daily strenuous choreography/exercise, and will be walking and/or hiking several miles daily. Changes in their usual diet, time zones, and climate may also add to the intensity of the trip. Please consider all of these factors as part of your recommendation.

Physician's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

After thorough examination of this applicant, their medical records, and medical history:

- I find the applicant to be in proper physical condition to participate in this trip, without restrictions.
- I find the applicant to be in adequate physical condition to participate in this trip, with restrictions. The applicant and I have created a medical plan for them to follow in order to participate in the daily itinerary during the trip. A copy of this plan is attached.
- I do not recommend this applicant participate in this trip at this time.

Comments: _____

Physician's signature: _____ Date: ___/___/___

If you have any questions, call 918-664-3500. This form can be faxed to 918-664-3544, emailed to AweStar@AweStar.org or mailed to Awe Star Missions, PO Box 470265, Tulsa, OK 74147.