



# Physical Exam Verification



**To ALMS Applicant:**

Please submit this Form to your Medical Doctor upon your Physical Examination. Have your Doctor submit Recommendation and Sign. Upload Form by Web, Email or Mail to:

ALMS  
60 Augusta Street  
South River, NJ 08882  
www.Alms4Him.com  
info@Alms4Him.com

**To Applicant's Doctor:**

Please fill-out and sign this Physical Exam Verification Form below for your client, who has decided to participate in an over-seas Missions Trip with ALMS to the country of Haiti. On this Trip, there will be some Moderately Strenuous Labor and some moderately Dusty, Bumpy and Unsanitary conditions at times, throughout the Trip. ALMS is requesting that you conduct a Routine Physical Exam upon your client, then submit your Medical Recommendations for your Client accordingly.

## Client Info

CLIENT NAME: \_\_\_\_\_

CLIENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CLIENT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## Doctor Info

DOCTOR NAME: \_\_\_\_\_

DOCTOR ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DOCTOR PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## Recommendation

After conducting a Routine Physical Examination, it is my Recommendation that this Client/Applicant is:

**Approved:** Of Satisfactory Physical/Mental Condition for Over-Seas Missions Trip

**Denied:** Not of Satisfactory Physical/Mental Condition for Over-Seas Missions Trip

Further Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctors Signature: \_\_\_\_\_ Date: \_\_\_\_\_