

**HAF Application for Short-Term Missions-UPDATE**  
(For use by persons who have previously been on an HAF mission trip.)

NOTE: Fill in the first box only if no other information has changed.

Anticipated Trip Dates: \_\_\_\_\_ Departure City: \_\_\_\_\_

Name (as it appears on your passport): \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ T-shirt size \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact - Name, Relationship and phone numbers:

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**General Health Information**

Travel Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Any known allergies? \_\_\_\_\_

What is the general state of your health? \_\_\_\_\_

Do you have health-related problems in the following areas?

Blood Pressure

Diabetes

Heart

Other (specify):

Lungs

If you are required to take any medications on a regular basis, please list the name, dosage, and the purpose of each:

Is there anything else we should know about your health and/or physical limitations?