

Confidential Health Form (cont.)

Allergic Reactions to:

	Yes	No
Penicillin		
Sulphonamides		
Foods/Other (specify)		

Surgery:

	Yes	No
Appendectomy		
Tonsillectomy		
Hernia repair		
Other (specify)		

Females Only:

	Yes	No
Irregular Periods		
Severe Cramps		
Excessive Flow		
Are You Pregnant?		

If you answered "yes" to any of the above questions, please comment below:

3. Mental/Nervous Disorders?

If yes, please give details including treatment and ongoing treatment or problems.

4. Medical Treatment

Please specify any condition that is currently under treatment by a doctor.

Do you or have you ever received any compensation for disability from any source?

Yes: ____ No: ____ Please specify:

Confidential Health Form (cont.)

5. Communicable Diseases

Have you ever had any of the following:

	Yes	No
Chickenpox		
Measles (Rubella)		
Mumps		
Pertussis		
Scarlet Fever		
Tuberculosis		
Other (Specify)		

If Other, please specify what communicable disease you had or currently have that is not mentioned:

6. Family History

Have any of your relatives had any of the following:

	Yes	No	Relationship (e.g father)
Arthritis			
Asthma/Hay Fever			
Cancer			
Diabetes			
Epilepsy/Convulsions			
Heart Disease			
HIV/AIDS			
Kidney Disease			
Mental Illness			
Stomach Disease			

Do you have any special dietary needs? _____

Are you taking medication at this time? Yes: ___ No: ___ Please specify: _____

Confidential Health Form (cont.)

Applicant's full name: _____

Please attach a copy of your immunization records.

To the Physician:

The above named person has applied to participate in the volunteer missions program with Youth With A Mission. This is a short-term missionary service in which there may be some strenuous physical exertion. Please answer the following questions regarding the applicant's health.

1. Would he/she be able to walk 3-4 miles per day?	Yes: ___	No: ___
2. Would you consider the applicant to be in good health?	Yes: ___	No: ___
3. Do you certify the applicant to be non-contagious?	Yes: ___	No: ___
4. Does the applicant have any physical or psychological disorder that would limit their ability to participate fully in studies or field assignments, locally or overseas?	Yes: ___	No: ___

If yes, please comment: _____

Abnormalities: Are there any abnormalities of the following systems?

	Yes	No
Head, Ears, Nose, Throat		
Eyes		
Teeth		
Nervous System		
Cardiovascular		
Respiratory		
Trunk or Back		
Digestive Tract		
Musculoskeletal		
Endocrine (thyroid)		
Skin		
Urogenital		

Doctor's signature or stamp: _____

Doctor's full name printed: _____ Date: _____

Full Address: _____