

Health form to be filled out by the Physician only

Name of Applicant _____

School name _____ School date _____

The applicant named above has applied for a Discipleship Training School with Youth With A Mission. This is a short-term missionary service which may include some strenuous physical exertion. For more information about Youth With A Mission visit www.ywam.org.

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE APPLICANT'S HEALTH:

1. Would he/she be able to walk up to eight kilometers or five miles a day?

2. Is he/she underweight or overweight? *If yes, how many pounds/kilos?*

3. Is he/she under medical supervision at this time or taking any medication? *If yes, please give a brief explanation.*

4. Would you consider him/her to be in generally good health? *If no, please give a brief explanation.*

5. Is he/she free from all contagious diseases? *If no, which one?*

6. Does the applicant have any known allergies? *If yes, which ones?*

7. The physician certifies that the applicant's tetanus vaccination is up to date. Expiry date:

8. Please give any comment about the applicant's physical and emotional health that might be helpful:

Physician's signature _____ Physician's stamp:

Place: _____ Date (dd/mm/yy): _____