

MEDICAL REPORT

Please return with application form:

TO THE APPLICANT:

Please complete the first two pages of this report yourself. Then take it to your General Practitioner or other Doctor who has recently looked after you and have him/her complete the last page.

(The Doctor is entitled to charge a fee for this service for which you are responsible).

Applicant's Name _____

Date of Birth _____

Current Address _____

School applied for: _____ Starting Date: _____

GENERAL HEALTH

Is there any reason why you may not be able to walk up to six miles (10 kilometres) in one day?

Yes _____ No _____

Please explain _____

Are there any reasons why you may not be able to carry out reasonably strenuous physical work?

Yes _____ No _____

Please explain (e.g. back pain, blood pressure, diabetes etc) _____

* Are you presently in good health? Yes ___ No _____

Please explain: _____

MEDICAL HISTORY

Please answer the following questions as fully as possible:

* List all the SERIOUS ILLNESSES and OPERATIONS you have had in the past. (This means any illness requiring hospital admission, treatment from your doctor for an illness lasting more than one month, or any illness which may have an affect on your health.) Please also state the outcome and whether there are any residual problems.

ILLNESS / OPERATION	DATE	OUTCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____

* List any SERIOUS ILLNESS in your FAMILY :

ILLNESS

FAMILY MEMBER

_____	_____
_____	_____
_____	_____

Describe any CURRENT MEDICAL PROBLEMS for which you are receiving treatment, or which may affect your health: _____

List any MEDICATION which you take, either on a regular basis, or only when needed: _____

*What is your HEIGHT? FT _____ In _____ (or _____ mtrs)

*What is your WEIGHT? St _____ lbs _____ (or _____ kgs)

Describe any current psychiatric problems for which you are receiving treatment or have received treatment in the past (e.g. anxiety, depression, panic attacks, eating disorders, other psychiatric disorders). _____

Is there any other information which will be helpful for us to know as we consider your application?

FOR WOMEN ONLY

Have you had any problems with pregnancy or menstrual periods? Please explain: _____

When you have completed this report, take it to your doctor who will complete the rest. Please give your doctor a stamped addresses envelope so that he/she can post it direct to YWAM Cyprus Ltd.

APPLICANTS RELEASE OF MEDICAL INFORMATION

I _____ (applicant's name), give permission for the release of the relevant medical information to the Youth With A Mission Medical Officer prior to training or service with the mission.

Signed _____ Date _____

(dd/mm/yy)

**MEDICAL REPORT TO BE COMPLETED BY THE DOCTOR WHO HOLDS YOUR
MEDICAL RECORDS**

Name of applicant: _____

Would you please verify the medical history as supplied by the applicant and make any additions or comments as appropriate. The purpose of this report is to assess suitability for training that may involve work in remote, primitive and challenging situations around the world.

Please make any comments or additions on;

* PAST HISTORY _____

* RELEVANT FAMILY HISTORY. _____

* CURRENT MEDICATION _____

* WEIGHT and GENERAL FITNESS _____

* GENERAL HEALTH Please give details if the applicant has had any problems with -
epilepsy or fits
anaemia or
blood
disorders
hypertension
or heart
disease
endocrine
disorders
psychiatric problems - including depression, anxiety &
eating disorders
adverse reactions to stressful situations

Is the applicant free from INFECTIOUS DISEASES? _____

Has the applicant had any ALLERGIC REACTIONS? _____

Is there any other RELEVANT INFORMATION which we need to know
before accepting the applicant? _____

Doctor's Signature: _____ Date: _____

Name and Address (or practice stamp). _____

Please return with application form to YWAM Cyprus Ltd.