



Physician's Evaluation

Applicant Name

School & Start Date

Please give to a physician to complete and return with the application.
The applicant is not to fill out anything below this line.

To the Physician: The applicant above has applied for a missionary training program with Youth With A Mission in Muizenberg, South Africa. Please fill out the portion below and make any additional comments. Thank You.

Height

Weight

Has the applicant ever been treated for a psychological, emotional, or mental disorder (depression, eating disorder, ADD/ADHD, suicidal tendencies, etc)? Please explain.

Blood Pressure

Hearing (right)

Hearing (left)

Vision uncorrected (right)

Vision uncorrected (left)

Please describe any medical or physical needs that will be necessary to meet during the applicant's completion of the training program?

Vision corrected (right)

Vision corrected (left)

Please circle the following that has any abnormalities

Head, ears, nose, throat
Teeth
Cardiovascular
Trunk & Back
Musculoskeletal
Skin

Eyes
Nervous System
Respiratory
Digestive Track
Endocrine (Thyroid)
Urogenital

Please list any medications that the applicant is currently prescribed.

If the answer was "yes" to any of the above questions, please describe below.

Recommendation

- Acceptable without limitations
- Acceptable with limitations
- Not Acceptable
- Should remain in areas where adequate medical care is provided

Immunization History

Please write the date of known immunizations below

Typhoid _____	Yellow Fever _____
Rubella _____	Tetanus _____
Mumps _____	BCG _____
Cholera _____	Pertussis _____
Polio _____	Diphtheria _____
Hepatitis _____	Hepatitis B _____

Physician's Name

Signature / Stamp

Date (DD/MM/YY)

Address