

Confidential Health Form

Applicant's Name _____				
<i>Last Name</i>	<i>First Name</i>	<i>Middle</i>	<i>Preferred</i>	
Course Applying For _____ Starting Date _____				
Permanent Address _____				
<i>Street</i>	<i>City</i>	<i>Prov./State</i>	<i>Postal (Zip) Code</i>	<i>Country</i>
Home Telephone _____		Office Telephone _____		Email _____
Youth With A Mission, British Columbia requires applicants to have medical insurance coverage during your time with us.				
Name of Insurer _____		Medical Insurance Coverage number _____		
Other details _____				

PERSONAL HISTORY
Please answer all questions. Comment on all positive answers on a separate paper.

Yes No	Skin condition	Yes No	Heart Trouble	Yes No	Kidney disease
	Eye trouble		High blood pressure		Anemia
	Ear trouble		Low blood pressure		Cancer (specify)
	Head injury		Rheumatism/Arthritis		Eating disorders (specify)
	Recurrent headaches		Back problems		Allergies (specify)
	Epilepsy		Dislocation of joints		Diabetes
	Fainting spells		Broken bones		
	Depression (specify)		Ulcer (specify)	FEMALES ONLY	
	Weakness		Gall bladder problems	Are you pregnant?	
	Paralysis		Surgery (specify)		
	Insomnia		Jaundice		
	Shortness of breath		Hepatitis		
	Hay fever, Asthma		Recurrent diarrhea		

Other illness or conditions _____

Are you at present under the doctor's care for any condition? No Yes (specify) _____

Are you taking any medication at this time? No Yes (specify) _____

Are you allergic to any drugs? No Yes (specify) _____

Do you have any food allergies? No Yes (specify) _____

Do you have a history of emotional instability or psychiatric treatment? No Yes (specify) _____

Do you now or have you ever received any compensation for disability from any source? No Yes (specify) _____

Do you have any physical impairments, handicaps or health conditions which require special attention? No Yes (specify) _____

(Your response to this question will not affect admission consideration.)

COMMUNICABLE DISEASES: have you ever had any of the following?

Yes No	Chickenpox	Yes No	Measles (specify)	Other (specify) _____
	Scarlet Fever		Tuberculosis	_____
	Mumps			_____

TO THE PHYSICIAN

Name of Applicant _____

The above named person has applied for service with Youth With A Mission. This program will require good health and endurance. Please review the "Personal History" on the Confidential Health Form, and fill out the portion below, and make any additional comments. Thank you.

Blood Pressure _____ Pulse _____

Height _____ Weight _____

Are there any abnormalities of the following?

Yes No Please describe:

Ears, nose, throat

Eyes

Neurological

Cardiovascular

Respiratory

Musculoskeletal

Would the applicant be capable of walking 5 – 6 kilometers per day? Yes No (comment) _____

How would you describe the applicant's health? Excellent Good Fair Poor

PHYSICIAN'S RECOMMENDATION

Acceptable without limitations

Should remain in areas where adequate medical care is provided

Not acceptable

Acceptable with limitations (specify) _____

Physician's Signature _____

Physician's Name (printed) _____

Address _____
Street City Prov./State Postal (Zip) Code Country

Date _____
Day/Month/Year



YOUTH WITH A MISSION

Youth With A Mission Grand Forks is committed to seeing spiritual restoration in individuals and bringing spiritual and social change in our community and world. (Micah 6:8, Acts 1:8)

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