

**ywampursui'sNZ**

DTS Registrar

Crystal Springs, 287 Springs Road, RD 1

Matamata 3471, NEW ZEALAND

## MEDICAL FORM

**Applicant's Name:**

The above named Applicant has applied for service with Youth With A Mission (YWAM). This is a short term missionary service in which there will be some physical exertion over a period of 24 weeks of training and study in a group situation with possible overseas travel.

**Doctors Name:**

**Address:**

**Doctor's signature:**

**Date:**

Please answer the following questions regarding the Applicant's health:

**Weight:**

kg or lbs – please specify

**Height:**

cm or ft – please specify

**1. Is the Applicant under medical supervision at this time or taking any medication? If so, what kind?**

**2. Would you consider the Applicant in good physical health?**

**3. Is the Applicant's chest heart and blood pressure normal?**

**4. Is the Applicant's sight, hearing and speech normal?**

**5. Has the Applicant adequate emotional and mental stability to undertake such service and training?**

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**6. Please list any significant medical and/or psychiatric history**

**7. Please add any additional comments regarding the Applicant's health or special limitations affecting physical, mental or emotional capabilities.**

Thank you for your time.

Please return this form to the above address.