



Medical Report Form

Applicant's Details

First Name

Last Name

Cell Phone

Email

School
Applied For

Are you able to walk up to six miles (10 kilometres) in one day? Please explain.

Are you able to carry out reasonably strenuous physical work? Please explain.

Are you presently in good health?

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

YWAM SLIGO

Phone: +353-(0)71-932-6096

E-mail: ywamsligo@gmail.com





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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 effect on your health.) Please also state the outcome and whether there are any residual problems.

Illness/ Operation	
List any SERIOUS ILLNESS in your FAMILY .	
Describe any CURRENT MEDICAL PROBLEMS for which you are receiving treatment, or which may affect your health.	
List any MEDICATIONS which you take, either on a regular basis, or only when needed.	

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Height	
Weight	
Describe any current psychiatric problems for which you are receiving treatment or have received treatment in the past (eg. 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?	

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

Applicant's
Signature

Date

When you have completed this report, take it to your doctor who will complete the rest.

Please give your doctor a stamped and addressed envelope so that he or she can post it direct to YWAM. Alternatively scan the form once completed and email to ywamsligo@gmail.com.

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

Doctor's Details

First Name

Last Name

Cell Phone

Email

Address

Address 2

City / Town

County /
Province

Postal Code

Country

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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 in Ireland, but the practical field placement may involve work in primitive situations anywhere in the world.

Please make any comments or additions on:

1. Past History	
2. Current Medication/s	
3. Weight and general fitness	
4. General Health	

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5. Is the applicant free from infectious diseases ?	
6. 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 _____

Practice Stamp

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