***YOUTH WITH A MISSION***

YWAM Tumaluntung (Manado), Indonesia

**MEDICAL REPORT**

**For Each Adult and Child**

**To the Physician:**

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for a course with YWAM Training.

This is a short-term missionary service in which there will be some physical exertion over a period of a possible 20 weeks of training and study in a group situation with possible overseas travel.

Thank you for completing this Medical Report for us.

Registrar

YOUTH WITH A MISSION TRAINING

**Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Doctor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please answer the following questions regarding the applicant's health:**

1. Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_ kg/lbs. Height: \_\_\_\_\_\_\_\_\_\_\_\_ cm/ft.

2. Is the applicant under medical supervision at this time or taking medication? (If so, what kind?)

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3. Would you consider the applicant in good physical health?

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4. Is the applicant's chest, heart and blood pressure normal?

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5. Is the applicant's sight, hearing and speech normal?

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6. Has the applicant adequate emotional and mental stability to undertake such service and training?

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7. Please list any significant medical and/or psychiatric history.

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8. Please add here any additional comments regarding the applicant's health or special limitations affecting physical, mental or emotional capabilities.

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Please direct all forms to:

**YWAM Tumaluntung Registrar**

**P.O. Box 1417 Manado**

**Sulawesi Utara 95381, Indonesia**

OR

**Email:** **ship4indo@yahoo.co.id**

***"To know God and make Him known"***