



MEDICAL REPORT

Please return to: DTS Leader
YWAM Rwanda
BP 3159, Kigali

TO THE APPLICANT:

Please complete the first two pages of this report yourself. Then take it to your General Practitioner or other Doctor who has recently looked after you and have him/her complete the last page.

(The Doctor is entitled to charge a fee for this service for which you are responsible).

Applicant's Name _____

(Title / Surname / First Name)

Date of Birth _____ NHS No. _____

(dd/mm/yy) (for British applicants only)

Current Address _____

School applied for: _____ Starting Date: _____

GENERAL HEALTH

* Are you able to walk up to six miles (10 kilometres) in one day? Yes _____ No _____

If this is a problem, please explain: _____

* Are you able to carry out reasonably strenuous physical work? Yes _____ No _____

If no, please explain: _____

* Are you presently in good health? Yes _____ No _____

If no, please give brief details: _____

MEDICAL HISTORY

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

ILLNESS / OPERATION DATE OUTCOME

* List any SERIOUS MENTAL OR PHYSICAL ILLNESS in your IMMEDIATE FAMILY :

ILLNESS FAMILY MEMBER

* 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 :

* What is your HEIGHT? Ft _____ In _____ (or _____ mtrs)

What is your WEIGHT? St _____ lbs _____ (or _____ kgs)

* 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?

*** FOR WOMEN ONLY**

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

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 Rwanda

APPLICANT'S RELEASE OF MEDICAL INFORMATION

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

Signed: _____ Date: _____
(dd/mm/yy)

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

Name of applicant: _____

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

Please make any comments or additions on:

* PAST HISTORY _____

* RELEVANT FAMILY HISTORY _____

* CURRENT MEDICATION _____

* WEIGHT and GENERAL FITNESS _____

* GENERAL HEALTH Please give details if the applicant has had any problems with -

. epilepsy or fits

. anaemia or blood disorders

. hypertension or heart disease

. endocrine disorders

. psychiatric problems - including depression, anxiety & eating disorders

. adverse reactions to stressful situations

* Is the applicant free from INFECTIOUS DISEASES? _____

* 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: _____
(dd/mm/yy)

Name and Address (or practice stamp) _____

Please return to:

DTS Leader

YWAM Rwanda

BP 3150

Kigali