



7. Health Form

Name of the applicant _____

Course applying for _____

Start Date _____

Please give this form to a physicians to complete, then return it together with your application.

The applicant is NOT to fill anything below this line.

To The Physician,

The above applicant has applied for a 5 Months missionary Training programs with Youth With A Mission(YWAM) Kitgum, Uganda.

(Please fill out the form below and make any additional comments where necessary).

Thank you.

Hearing(leaf ear) ☐

Vision(leaf Eye) ☐

Hearing(right ear) ☐

Vision(right Eye) ☐

Immunization History(please tick whether the applicant has had the following immunization)

Typhiod-----Hepatitis A-----Yellow fever-----

Polio-----Hepatitis B-----Others-----

Measals-----Hepatitis C-----

1. Is the applicant currently under a doctor care? _____

2. Is the applicant currently taking any medication? _____

3. is the applicant allergic to any medication?

☐ No ☐ Yes, please explain _____

4. Has the applicant had any mojar surgeries or illness in the past 12 Months?

☐ No ☐ Yes, please explain _____

5. Please describe any medical or physical needs that will be necessary to meet during the 5 Months Training program.

Recommendation

6. Any medical concerns regarding the applicant please list below.

Physician Name _____

Name of Clinic _____

Location of the clinic _____

Signature _____

Stamp _____

Date _____