YWAM East London

PHYSICIAN'S EVALUATION - To be completed by your doctor

TO THE PHYSICIAN:
The above-named person has applied for service with YOUTH WITH A MISSION. This programme will require good health and endurance. Please fill out the portion below and make any additional comments. Thank you.

Name of Patient

Blood Pressure | Pulse | HCG (over 40)

Visual acuity (Without glasses) Right / Left | With glasses Right / Left | Hearing Right / Left

Are there any abnormalities of the following systems? Please describe fully.

Ears/Nose/Throat | Eyes | Neurological

Cardiovascular | Respiratory | Musculoskeletal

Endocrine | Lymphatic | Dermatological

Hernial Orifices | Urological | Psychiatric

Would he/she be able to walk 5 - 10 kilometers per day? ☐ Yes ☐ No

Comment

PHYSICIAN'S RECOMMENDATION:

- ☐ Acceptable without limitations
- ☐ Acceptable with limitation
- ☐ Not acceptable (Should remain where adequate medical care is available).

Physician's Name (PRINT)

Address

Telephone:

Day / Month / Year

Signature

Stamp