HEALTH FORM (B)

TO BE FILLED BY A QUALIFIED PHYSICIAN/MEDICAL DOCTOR

This information is treated confidentially and separate from your academic records. When you fill in your name give to a physician to examine you, fill the form and sign it.
Name: _____

Surname/last **first** **Middle**

Please make any comments or addition on:

1. **PAST MEDICAL HISTORY** _____

_____

2. **RELEVANT FAMILY MEDICAL HISTORY** _____

_____

3. **CURRENT MEDICATION (if any)** _____

_____

4. What is their height? Ft _____ in _____ or (M/Cm) _____ Weight? (Kgs/lbs)_____
Color of eyes _____ Hair _____

In your opinion is the applicant presently in good health?

☐ **Yes** ☐ **No. If No, please specify** _____

5. YWAM-Campus Ministry Tanzania is based in a tropical climatic region, are there any health risks or precautions that the applicant should be aware of and take care of?

_____

6. GENERAL HEALTH: ***Please give details if the applicant has had any problems with:***

[a] Epilepsy or fits [b] Anemia or blood disorders.
[c] Hypertension or heart disease [d] Psychiatric problems
[e] Adverse reactions to stressful situations [f] Tuberculosis

_____
_____
_____

7. Is the applicant free from INFECTIOUS DISEASES?
☐ Yes ☐ No

(Specify) _____
_____

8. Has the applicant had any ALLERGIC REACTIONS?
☐ Yes ☐ No
(Specify) _____
_____

9. Can the applicant eat any type of food? If not explain _____
_____

10. What is the visual acuity of the applicant? _____
Is their ability to see normal or with some disability? _____
_____

11. What is the condition of their hearing on both ears? _____
_____

12. Does the applicant have any of the following conditions and thus needs special medical care occasionally? > Diabetes _____
    - Kidney Condition_____
    - Arthritis _____
    - Asthma/ Hay fever _____
    - Stomach Ulcers _____
    - Any others please list them down _____
      _____

13. Is there any other RELEVANT INFORMATION, which we need to know before accepting the applicant?
    ☐ Yes ☐ No. If Yes, Please Specify _____

14. From a medical /physiological point of view would you recommend the applicant to work with YWAM-CMTZ Dar es salaam in Tanzania
    ☐ Yes ☐ No. If No, Please Specify_____
    _____

Doctor's name: _____Address_____
_____Tel: _____
Doctor's Signature: _____ Date: _____ _____ _____
Day ***Month*** ***Year***

Practice stamp: