

MEDICAL FORM

TO THE APPLICANT *Please have your physician complete the following questions and sign where indicated.*

TO THE PHYSICIAN *The applicant has applied for a school with Youth With a Mission. Would you please complete this form and comment on the applicant's health?*

1. applicant's name

2. physical assessment

height

weight

3. Is the applicant under medical supervision or taking any medication at this time?

Yes No

If so, what medication and for what condition?

4. Is the applicant HIV positive?

Yes No

5. Are they in generally good health?

Yes No

6. Does he/she have any special dietary needs?

Yes No

7. Is there anything else we should be aware of?

PHYSICIAN'S NAME

ADDRESS/STAMP

SIGNATURE

DATE