



YWAM DISCIPLESHIP TRAINING SCHOOL

Medical Report

For Each Adult and Child

To the Physician:

Applicant: _____ has applied for a course with YWAM Training.
This is a short-term missionary service in which there will be some physical exertion over a period of a possible 20 weeks of training and study in a group situation with possible overseas travel.

Thank you for completing this Medical Report for us.

Registrar
YOUTH WITH A MISSION TRAINING

Doctor's Name: _____

Address: _____

Doctor's Signature: _____ **Date:** _____

Please answer the following questions regarding the applicant's health:

1. Weight: _____ kg Height: _____ cm

2. Is the applicant under medical supervision at this time or taking medication? (If so, what kind?)

3. Would you consider the applicant in good physical health?

4. Is the applicant's chest, heart and blood pressure normal?

5. Is the applicant's sight, hearing and speech normal?

6. Has the applicant adequate emotional and mental stability to undertake such service and training?

7. Please list any significant medical and/or psychiatric history.

8. Please add here any additional comments regarding the applicant's health or special limitations affecting physical, mental or emotional capabilities.

Please direct all forms to:

YWAM ATC Registrar
PO Box 196 Q-Plaza PO
1900 Cainta, Rizal, Philippines

Be sure to specify WHICH SCHOOL and WHICH LOCATION you are applying for.

"To know God and make Him known"