

## Confidential Health Form 2

### TO THE PHYSICIAN

Name of applicant \_\_\_\_\_

The above-named person has applied for service with Youth With A Mission. This program requires good health and endurance. Please review the "Personal History information, fill out the portion below, and make any additional comments.

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Are there any abnormalities of the following systems?

	Yes	No	Please describe
Ears, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	

Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
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Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
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Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	
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Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	
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Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
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Would the applicant be able to walk 3 to 4 miles per day? ☐ YES ☐ NO

Comments \_\_\_\_\_

**Physician recommendation** ☐ Acceptable without limit ☐ Not acceptable

- ☐ Should remain in areas where adequate medical care is provided
- ☐ Acceptable with limitations (specify)

Physician's signature \_\_\_\_\_

Date \_\_\_\_\_

Physician's name (please print)

Full address \_\_\_\_\_