

# 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"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 \_\_\_\_\_