



MEDICAL REPORT
Marine Reach Discipleship Training School (DTS)

TO THE APPLICANT:

Please complete the first two pages of this report yourself. Then take it to your General Practitioner or another Doctor who has recently looked after you and have him/her complete the last page.

Applicant's Name: _____ Date of Birth: _____

Current Address: _____

GENERAL HEALTH

Are you able to walk up to five miles (8 kilometres) in one day? Yes _____ No _____

Please explain: _____

Are you able to carry out reasonably strenuous physical work? Yes _____ No _____

Please explain: _____

Are you presently in good health? Yes _____ No _____

Please explain: _____

FOR WOMEN ONLY

Have you had any problems with pregnancy or menstrual periods? Yes _____ No _____

Please explain: _____

MEDICAL HISTORY

Please answer the following questions as fully as possible:

1. List all the **SERIOUS ILLNESSES** and **OPERATIONS** you have had in the past. (This means any illness requiring hospital admission, treatment from your doctor for an illness lasting more than one month, or any illness that may have an affect on your health.) Please also state the outcome and whether there are any residual problems.

2. List any **SERIOUS ILLNESSES** in your **FAMILY**:

3. Describe any CURRENT MEDICAL PROBLEMS for which you are receiving treatment, or which may affect your health:

4. List any MEDICATIONS which you take, either on a regular basis, or only when needed and why:

5. What is your HEIGHT? _____ What is your WEIGHT? _____

6. Describe any current psychiatric problems for which you are receiving treatment or have received treatment in the past (eg. anxiety, depression, panic attacks, eating disorders, other psychiatric disorders).

7. Is there any other information that will be helpful for us to know as we consider your application?

APPLICANT'S RELEASE OF MEDICAL INFORMATION

I _____ (applicant's name), give permission for the release of relevant medical information to the Youth With A Mission Medical Officer prior to training or service with the mission.

Signature: _____

Date: _____

When you have completed this report, take it to your doctor who will complete the rest.

**MEDICAL REPORT TO BE
COMPLETED BY THE DOCTOR WHO
HOLDS YOUR MEDICAL RECORDS**

Name of School: _____

Please send this form to:

MEDICAL REPORT

Name of applicant: _____

Would you please verify the medical history as supplied by the applicant and make any additions or comments as appropriate. The purpose of this report is to assess suitability for training on a sailing vessel in the Mediterranean Sea. The practical field placement may involve work in primitive situations anywhere in the world.

Please make any comments or additions on:

PAST HISTORY: _____

RELEVANT FAMILY HISTORY: _____

CURRENT MEDICATION (and why): _____

WEIGHT and GENERAL FITNESS: _____

GENERAL HEALTH: _____

Does the applicant have any history of PSYCHIATRIC PROBLEMS (including depression, anxiety or eating disorders)? _____

Is the applicant free from INFECTIOUS DISEASES? _____

Has the applicant had any ALLERGIC REACTIONS? _____

Is there any other RELEVANT INFORMATION which we need to know before accepting the applicant?

Doctor's Signature: _____

Name and Address (or practice stamp): _____
