

Health Form

Attention Health Care Provider

Dear Sir/Madam,

The patient presenting to you today has applied to undertake a training course in Australia with YWAM Townsville. The applicant has indicated that they are/have been under medical supervision, or are over the age of 50 and we need further information in order to assess the applicant's suitability to undertake the course.

The nature of the course is an intense live-learn experience that can be physically and emotionally demanding. The applicant will be involved in a field assignment, which could include a number of weeks in an isolated/remote area, where basic services could be minimal (including electricity and basic health services). Some field assignment locations may require lots of walking into remote locations where the students will have to carry hiking backpacks and other supplies with them. Could you please complete the following questionnaire in light of this.

Thank you for your assistance.

YWAM Townsville

Applicant Name: _____ **Date:** _____

General Health: (Explain positive answers below or on a separate sheet of paper.)

Height: _____ (meters) Weight: _____ (kilograms)

Is the applicant able to walk 5km/3 miles in a day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can they perform reasonably strenuous work on a daily basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are they currently under medical supervision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify _____
Are they presently taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify _____
Are they allergic to any drugs or medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify _____

Has the applicant ever had or currently has any of the following?

Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gastro Intestinal Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liver/Kidney Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Head Injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High/Low Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recurrent Headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cancer/Tumors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscular/Skeletal Problems including back/joint pain, arthritis etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental/Nervous Disorders including depression, anxiety, etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Problems with Menstrual Cycle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pregnancy	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explanations for above: _____

Any other illnesses or conditions: _____

How would you rate their overall health condition? Excellent Good Fair Poor

In light of the above assessment, would you recommend this person to participate in training with YWAM Townsville? Yes No

Signature: _____ Date: _____