

CONFIDENTIAL MEDICAL REPORT

Please return to: The Factory/40 Days, Highfield Oval, Harpenden, Herts, AL5 4BX, UK

Applicant's Name

(Title / Surname / First Name)

Date of Birth _____
(dd/mm/yy)

NHS No. _____
(for British applicants only)

Current Address

GENERAL HEALTH

* Are you able to walk up to six miles (10 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:

MEDICAL HISTORY

Please answer the following questions as fully as possible:

* 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 which may have an affect on your health.) Please also state the outcome and whether there are any residual problems.

ILLNESS / OPERATION	DATE	OUTCOME
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-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

* List any SERIOUS ILLNESS in your FAMILY :

ILLNESS	FAMILY MEMBER
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* Describe any CURRENT MEDICAL PROBLEMS for which you are receiving treatment, or which may affect your health:

* List any MEDICATIONS which you take, either on a regular basis, or only when needed :

* What is your HEIGHT? Ft _____ In _____ (or _____ mtrs)

What is your WEIGHT? St _____ lbs _____ (or _____ kgs)

* 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).

* Is there any other information which will be helpful for us to know as we consider your application?

*** FOR WOMEN ONLY**

Have you had any problems with pregnancy or menstrual periods? Please explain.

RELEASE OF LIABILITY

Though every effort is made to provide a safe environment, Youth With A Mission, their agents, employees and volunteer assistants are insured against loss or injury through their negligence.

In the absence of any negligence or other breach of duty by Youth With A Mission, participation in a Youth With A Mission organised programme, event or outreach is entirely at the participants own risk. Participants are required to have adequate health and accident insurance for all phases of their involvement with Youth With A Mission. Participants must also be aware that treatment of pre-existing health conditions will not be paid for by the UK National Health Service.

Applicant's signature: _____ Date: 20
day/month

CONSENT FOR TREATMENT

I/we do hereby agree to the performance of such treatment, anaesthetics and operations as in the opinion of the attending physician are deemed necessary.

Applicant's signature: _____ Date: 20
day/month