

## Discipleship Training School

# Personal Medical History

*Confidential*

Please complete this report yourself. Then take it to your GP, Primary Care Physician or Family Doctor who holds your medical records. Let him/her make any corrections or additions to this personal medical history and complete the medical report 6.

*This information will talk for you in the event of an emergency as well as assess your fitness for the course. So please give as much info as you feel would help us in the event of an emergency.*

## 1. Personal Information

**Full Name:**  
of applicant

**E-mail:**  
of applicant

**Start Date:**  
of course

**Location:**  
of course

**Date of birth:**

Male  Female

*Date (DD/MM/YYYY)*

**Height:**

**Weight:**

**Blood Type:**

**This form has to be printed!**

### Option 1

Complete the PDF on your computer, print it and send by regular mail together with the medical report.

This works best using the latest version of the Adobe Reader on a Mac or PC. You can download it for free from <http://get.adobe.com/reader>.

Other operating systems and PDF readers might still work, but not utilise all functionality. Don't open and/or save in Google docs.

### Option 2

Print the PDF, complete it by hand and post it.

If you need more space, please use separate sheets of paper.

## Fast Track

*To speed up proceedings, please scan or take a high resolution photo of any printed page and e-mail it ahead of posting, so we can start processing your application.*

### YWAM Paisley

Stanely House  
14 Stanely Crescent  
Paisley • PA2 9LF • UK

stanely@ywamscotland.org  
Phone: +44(0)141 8848844

### YWAM Seamill

The Seamill Centre  
9 Glenbryde Road  
West Kilbride • KA23 9NJ • UK

dtsreg@ywamscotland.org  
Phone: +44(0)1294 829400

### More Locations

For info on other YWAM Locations in Scotland please check our website:

[ywamscotland.org/locations](http://ywamscotland.org/locations)



# Personal Medical History

Applicant:

Date:

Location:



## 2. General Health:

Are you able to walk up to three miles (5 kilometres) in one day?  Yes  No

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

Are you presently in good health?  Yes  No

Please comment on any question above:

## 3. Medical History:

List all **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.*

Describe any **current medical problems** for which you are receiving treatment, or which may affect your health:

*eg. anaemia, dental problems, hypertension, epilepsy, infectious diseases...*

List any **serious illnesses** in your family:



# Personal Medical History

Applicant:

Date:

Location:



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

List any **allergies** you have:

*eg. food, medication, latex...*

Describe any **current mental health issues** for which you are receiving treatment or have received treatment in the past

*eg. anxiety, depression, panic attacks, eating disorders...*

Is there **any other** health or medical information that will be helpful for us to know as we consider your application?

Do you experience any adverse reactions in **stressful situations?**

*What is the best way to help if you are in such a situation?*

**For women only:** Please make us aware if you are pregnant.

*This will help us plan your accommodation and we will be able to advise you better about issues you may face on the outreach phase of the course.*

## Release

I give permission for the release of relevant medical information to Youth With A Mission prior to training or service with the mission.

**Signature:**

**Date:**

*dd/mm/yyyy*



Applicant:

Date:

Location:



# Immunisation Requirements

We recommend that, before you come on a Discipleship Training School, you check your immunisation status. **If you have not had all the inoculations listed, then we recommend that you do so through your own doctor before coming to the school.** If there is any doubt about your immunity to any of the vaccines listed, consult your doctor about it and if necessary have the inoculation prior to coming.

Dependent on outreach location, you may require further immunisation which can be arranged via a travel clinic during the lecture phase of the school. **There will be a financial cost to you for any immunisations you require for outreach.**

**Please bring copies of immunisation records/certificates with you.**

	<b>Date given:</b>	
<b>Tetanus:</b>		<input type="text"/>
<i>Must have been within the last 10 years</i>		
<b>Polio:</b>		<input type="text"/>
<i>Must have been within the last 10 years</i>		
<b>Typhoid:</b>		<input type="text"/>
<i>Must have been within the last 3 years</i>		
<b>Tuberculosis:</b>		<input type="text"/>
<i>sometimes called BCG or BTT</i>		
<b>Diphtheria:</b>		<input type="text"/>
<i>Must have been within the last 10 years</i>		

	<b>Date of Injections:</b>			<b>Course complete?</b>
<b>Hepatitis A:</b>	<input type="text"/>	<input type="text"/>		<input type="radio"/> Yes <input type="radio"/> No
	<i>first injection</i>	<i>second injection</i>		
<b>Hepatitis B:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
	<i>first injection</i>	<i>second injection</i>	<i>third injection</i>	

Please list any other inoculations you have had which are current:

<b>Name of Vaccines:</b>	<b>Date given:</b>
<input type="text"/>	<input type="text"/>