

Discipleship Training School

Medical Report

Confidential

Please verify the Personal Medical History **5** as supplied by the applicant and make any additions or comments on this form as appropriate. The purpose of this report is to assess suitability for a training course with our organisation. The practical field placement may involve work in primitive situations anywhere in the world.

1. Personal Information

This section is to be completed by the applicant

Full Name:
of applicant

E-mail:
of applicant

Start Date:
of course

Location:
of course

2. Doctor's Information

Name:

Title

Full Name

Professional Role

Address:

E-mail:

Phone:

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.

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More Locations

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

ywamscotland.org/locations/



Medical Report

Applicant:

Date:

Location:



Please make any comments or additions on:

past history:

relevant **family history:**

current medication
(and why):

weight and
general fitness:

general health:

Any history of
mental health issues?
*(including depression,
anxiety or eating disorders)*

Is the applicant free from
infectious diseases?

Has the applicant had any
allergic reactions?

Any other
relevant information?

I have checked the Personal Medical History 5 as supplied by the applicant and made any additions, corrections or comments above.

Signature:
or stamp

Date:

dd/mm/yyyy