

Youth With A Mission – The King's Lodge

MEDICAL FORM



Please return completed form to:

The Registrar
YWAM, The King's Lodge
Watling Street, Nuneaton,
Warwickshire CV10 0TZ
England

Tel: +44 (0)24 76348128

Fax: +44 (0)24 76344464

Email: schools@thekingslodge.com

tkltraining@googlemail.com

Web: www.thekingslodge.com

- ❖ Please answer all the questions on this application form prayerfully and honestly.
- ❖ It will help us if you type your answers or print off the form and write neatly in blue/black ink.
- ❖ Married couples must complete separate application forms.
- ❖ If you need more space to answer a question, please use a separate piece of paper.

TO THE APPLICANT

Please complete Part 1 (sections 1–6) of this Medical Form yourself. Then take it to your General Practitioner or other Doctor who has recently looked after you and have him/her complete Part 2 (section 7). You are responsible for any fees that your doctor may charge for this service.

PART 1

1 PERSONAL DETAILS

Name (Title / Surname/ First Name)			
Date of Birth (dd/mm/yyyy)			
Gender		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Course Applied For			
Start Date of Course (month / year)			
Current Address			
Post/Zip Code		Country	
Telephone (home)		(Work)	
Mobile		Fax	
Email			

2 GENERAL HEALTH

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS NO, THEN PLEASE COMMENT.

Are you able to walk up to six miles (10 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

3 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 both now and in the future). Please also state the outcome and whether there are any residual problems.

Illness / Operation	Date	Outcome

List any **SERIOUS MENTAL** or **PHYSICAL ILLNESS** in your **IMMEDIATE FAMILY**:

Illness	Family Member

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? Feet inches (or metres)

What is your weight? Stone lbs (or kilogrammes)

Describe any **CURRENT PSYCHIATRIC PROBLEMS** which for 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?

4 VACCINATIONS

Due to our close living conditions (and some courses involving remote outreach locations), we require all our trainees to be up to date with their vaccinations.

* Vaccinations marked with a * are required for ALL TRAINEES coming to YWAM England, The King's Lodge.

*** In addition, vaccinations marked with *** are required FOR TRAINEES GOING ON OUTREACH.

Vaccination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Vaccination
* Rubella	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
* Tuberculosis – TB (single dose)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
* Tetanus (every 10 years) & Diptheria	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*** Polio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*** Hep A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*** Hep B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*** Meningitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*** Typhoid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other (please list other vaccinations you have had)			

***If these are not up to date upon your arrival,
you will be required to have them, at your own time and expense.***

5 FOR WOMEN ONLY

Do you have any gynaecological problems that still affect you? (eg problems with past pregnancies or menstrual periods?) Please explain.

6 APPLICANT'S RELEASE OF MEDICAL INFORMATION

I, _____ (applicant's name), give permission for medical information to be reviewed by a registered nurse or medical doctor, or suitably qualified allied health professional for purposes of assessing my suitability for service with Youth With A Mission.

I give permission for the release of relevant medical information to the Youth With A Mission medical officer in consultation, if necessary, with the personnel manager or team leader only.

Signed _____ Date: (dd/mm/yy) _____

When you have completed the above sections, please take the **whole** medical reference to your doctor and ask him/her to complete their section. Then please return the completed reference to us at the address on the front of this form.

PART 2

7 MEDICAL REFERENCE TO BE COMPLETED BY THE DOCTOR WHO HOLDS YOUR MEDICAL RECORDS

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 service with Youth With A Mission England and Wales, which may include trips to locations anywhere in the world.

PLEASE MAKE ANY COMMENTS OR ADDITIONS ON:

Past history

Relevant family history

Relevant family history

Current medication

Weight and general fitness

GENERAL HEALTH Please give details if the applicant has had any problems with:

Epilepsy or fits

Anaemia or blood disorders

Hypertension or heart disease

Endocrine disorders

Psychiatric problems – including depression, anxiety and eating disorders

Adverse reactions to stressful situations

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?

In your professional opinion, is this person suitable for service with Youth With A Mission?

Yes without reservations Yes, with limitations (if limitations please explain) No

Doctor's signature:

Date (dd/mm/yy):

Name and Address (or preferably practice stamp)

Please return to: YWAM Medical Officer, The Registrar, The King's Lodge, Watling Street, Nuneaton, CV10 0TZ, UK