



PHYSICIAN'S REPORT

Name of Applicant _____
To the Physician _____

The above-named person has applied for a training program with YWAM Bolivia.

Would you please answer the following questions regarding the applicant's health

1. Height _____ Weight _____
2. Is he/she underweight? _____ If so, how much? _____
Is there a problem with anorexia nervosa? _____
3. Is he/she overweight? _____ If so, how much? _____
4. Is the applicant on a special diet? _____ If so, what? _____
5. Does the applicant have any physical limitations due to back trouble? _____
Does he/she need regular treatments? _____ Comments _____
6. Would he/she be able to walk 3-4 miles per day? _____
7. Is he/she under medical supervision at this time, or taking medicine? _____
If so, what kind and what is the condition? _____
8. Would you consider the applicant to be in generally good health? _____
9. Do you certify the applicant to be non-contagious? _____

Note: Please use the following space to make additional comments regarding the applicant's health or special limitations affecting physical, mental, or emotional capabilities.

Doctor's signature or stamp _____ Date _____
Doctor's name (printed) _____
Full address _____

PLEASE RETURN THIS FORM DIRECTLY TO:

Juventud Con Una Misión
Casilla 1607
Santa Cruz
Bolivia
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E-Mail: santacruz@ywambolivia.com