

Medical Report of Ministerial Candidate – Form #103-2016

Eastern PA Conference Board of Ordained Ministry

(Candidate should fill out this page.)

Name _____ DOB _____

email _____ Date _____

Condition	I have had	Immediate biological relative has had
Arthritis		
Asthma		
Cancer		
Diabetes		
Epilepsy		
Heart trouble		
High Blood Pressure		
Kidney trouble		
Liver trouble		
Peptic Ulcer		
Polio		
Rheumatic Fever		
Tuberculosis		
Vision impairment*		
Hearing impairment		

*Includes use of corrective lenses.

Explain history _____

Explain ways you manage any conditions that might impair your effectiveness in ministry

Have you ever had a serious accident or operation? _____ Explain. _____

If your weight has changed in the last two years, state approximate loss/gain. _____

Have you ever received treatment for a drug or alcohol habit? Explain. _____

Do you smoke? _____ If yes, how long? How much? _____

Have you ever been hospitalized as the result of any other physical or mental health condition?

_____ Explain. _____

Report of Physician, Nurse Practitioner, or Physicians' Assistant

(Person doing the medical examination should fill out this page.)

General Appearance _____

Vaccinations complete and up to date? _____

Height _____ Weight _____

Temperature _____ Pulse _____ Blood Pressure _____

Is vision impaired? _____ Explain. _____

or hearing impaired? _____ Explain. _____

Evidence of hernia _____ Of tumors _____

Evidence of disease or abnormalities of

heart _____

lungs _____

head, eyes, ears, nose, throat _____

neurological system _____

neck _____

skin _____

Summary of findings and recommendations

Name of examiner (type or print) _____ Date _____

Address _____

Signature of examiner _____

To be signed by the candidate: All of the above information, both what is provided by me and by my health-care provider, are true and accurate to the best of my knowledge.

Signature _____ Date _____