

Physicians Form

Applicant's Name: _____

School they're applying for: _____

To Doctor: Please fill out this medical report bearing in mind that the applicant could travel and work in almost any country in the world, often in primitive and stressful situations.

Your Name: _____

Address:

Phone Number: _____

Email: _____

Doctor's Signature: _____

Date: _____

Is the patient able to walk six miles in a day? Yes No

If no, please explain:

Could the patient carry out reasonably strenuous physical work on a daily basis? Yes No

If no, please explain:

Applicant's Weight: _____

Applicant's Height: _____

Is the patient hindered from doing anything due to being over or under weight? Yes No

If yes please explain:

Is the patient under medical supervision for any condition? Yes No

If yes please explain:

Is the patient free from infectious disease? Yes No

If no please explain:

Is the applicant taking any prescribed medications?

Does the patient suffer from any of the following?

Epilepsy/Seizures Yes No

Anemia Yes No

Hypertension Yes No

Anemia Yes No

Mental Problems Yes No

Allergies Yes No

Any other serious conditions Yes No

If yes, please explain:

Are there any other facts that might be relevant?

Based on the information given, do you consider the person to be in good health?

Has the applicant had any serious illnesses or operations? (This means any illness requiring treatment lasting more than a month, or has had a long-term effect upon the person's health.)

Are there any serious relevant illnesses in the applicant's family?

FOR FEMALE APPLICANTS ONLY:

Does the patient have any problems with her menstrual cycle?

Is the applicant pregnant? Yes No

If Yes, when is the baby due?(MM/DD/YYYY) _____

Has the applicant had any past pregnancies? Yes No

If Yes, what was the outcome?
