



Confidential Health Form

Full Name _____ Gender _____

Date of Birth _____ School Applying For _____ Beginning Date _____

Height _____ Weight _____

Personal History: Please answer all questions. Have you ever had the following conditions or procedures? Explain any "Yes" answers in the space provided.

Epilepsy or Seizures _____

Fainting Spells _____

Mental Nervous Disorder _____

Asthma _____

Eating Disorder _____

Intestinal or Stomach Troubles _____

Recurrent Diarrhea _____

Anemia _____



Confidential Health Forms (Continued)

Allergies

Food _____

Medications _____

Please list and explain any other health issues, medical conditions, or physical disabilities. _____

Are you currently under a doctor's care for any condition? _____

Please list all medications you take: _____

Do you have a history of emotional instability or psychiatric treatment? If yes, please explain. _____

Are you physically capable of walking 3 to 4 miles a day? Yes No

Insurance

Health Insurance Company _____

Insurance Policy Number _____

Emergency Contact

Name(s) _____ Relationship _____

Phone () _____ Home Cell Work

Additional () _____ Home Cell Work



Confidential Health Forms (Continued)

COVID-19

Will you be fully vaccinated against COVID-19 when you arrive? Yes No

If not, are you open to being vaccinated against COVID-19 if it gives you and your team more options for foreign outreach locations and types of ministry?*

Yes No

*This vaccination is not required but knowing this helps us in planning outreach locations.