



Youth With A Mission • Iquitos • Loreto • Peru

Medical Questionnaire

(Applicant's Name) _____ has applied to work on staff with Youth With A Mission. This is an organization with demanding schedules and activities which require good health. We would appreciate your evaluation in the following areas:

- 1. Blood type: _____
- 2. Normal weight: _____
- 3. Is he/she overweight? _____ underweight? _____
- 4. Does he/she require a special diet? _____
- 5. Does he/she suffer from migraines? _____
- 6. Does he/she have any contagious diseases? _____
- 7. Does he/she suffer from intestinal problems? _____
- 8. Is he/she especially susceptible to colds or the flu? _____
- 9. Does he/she suffer from depression? _____

Illnesses of the Senses (please explain)

- 10. Eye? _____
- 11. Throat? _____
- 12. Nose? _____
- 13. Ear? _____

Does he/she suffer from any of the following:

- 14. Epilepsy? Yes No
- 15. Diabetes? Yes No
- 16. Sinusitis? Yes No
- 17. Heart condition? Yes No
- 18. Kidney problems? Yes No
- 19. HIV positive? Yes No
- 20. Stomach problems: Yes No
Explain: _____
- 21. Mental illness? Yes No
Explain: _____
- 22. Is he/she currently taking meds? Yes No
Please describe: _____
Reason? _____
- 23. Is he/she able to walk 4 miles per day? Yes No

General Information: Please describe the overall physical and mental condition of this applicant.

Signature _____ Date _____

Name (print clearly) _____ Telephone _____ E-mail _____@_____

Address _____ City, State, Country _____