



Youth With A Mission Sheep River

HEALTH FORM

STAGE 2

To be completed by a registered Medical Practitioner

Applicant's name: _____

The above-named person has applied for service with Youth With A Mission. This program will require good health and endurance.

The applicant has already filled out stage 1, a self-declaration health form.

As their registered physician, please fill out the portion below and make any additional comments you feel are necessary.

How would you describe the applicant's health?

- Excellent
- Good
- Fair
- Poor

Please identify any of the following you believe the applicant may find difficult. Please describe their likely difficulty in the "any other comments" section. Please leave unselected any tasks you expect not to be a problem for them.

- Sit in a classroom environment (with short breaks) for several hours at a time, stand at a workshop bench or kitchen counter, etc. (with short breaks) for several hours at a time
- Perform light tasks, e.g. cutting up vegetables, making beds, cleaning a bathroom, or carrying a small item (up to 15lb/7kg)
- General household cleaning tasks, including the use of household cleaning chemicals
- Walk up to 3 miles (5km) in a day, while carrying a backpack weighing 35 50lb (16-23kg)
- Sleep on a lightweight camping mattress for 7-10 nights in a row

Physician's recommendation for the SOME program

- Acceptable without limitations
- Should remain in areas where adequate medical care is provided
- Not acceptable
- Acceptable with limitations (please specify below)

Any other comments:

Physician's Signature:

Physician's Name (printed):

Address: Street:

City

Prov/State:

Postal Code:

Date of declaration:
