

MEDICAL REPORT

TO THE APPLICANT

Please complete the first two pages of this report yourself. Then take it to your General Practitioner or other Doctor who has recently looked after you and have him/her complete the last page.
(The doctor is entitled to charge a fee for this service, for which you are responsible)

NAME OF APPLICANT: _____

CURRENT ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

LOCATION APPLIED FOR: _____

STARTING DATE: _____

GENERAL HEALTH

Are you able to walk up to six miles a day? YES NO

Are you able to carry out physical work? YES NO

Are you currently in good health? YES NO

FOR WOMEN ONLY

Have you had any conditions with menstrual periods or pregnancy? YES NO

MEDICAL HISTORY

Please answer the following questions as fully as possible:

List all the serious illnesses and operations you have had in the past with dates (this means any illness requiring hospital admission, treatment from your doctor for an illness lasting more than one month, or any illness which may have an affect on your current health). Please also state the outcome and whether there are any residual conditions.

List any serious illness in your family:

Do you have any allergies/health needs?

Describe any current medical conditions for which you are receiving treatment:

Do you have any medical conditions that affect your long term health?

List any medications which you take, either on a regular basis, or only when needed:

What is your height? _____ **What is your weight?** _____

Describe any current psychiatric conditions for which you are receiving treatment or have received treatment in the past (eg. anxiety, depression, panic attacks, eating disorders)

Is there any other information which will be helpful for us to know?

APPLICANT'S RELEASE OF MEDICAL INFORMATION

I _____ (print applicant's name) **give permission for the release of relevant medical information to the Year For God Medical Officer prior to training.**

Signature _____ **Date** _____

When you have completed this report, take it to your doctor who will complete the rest. Please give your doctor a stamped addressed envelope so that he/she can post it directly to us.

**TO BE COMPLETED BY THE DOCTOR WHO
HOLDS YOUR MEDICAL RECORDS**

Please send this form to: YFG Co-ordinator,
63 Wimpole Road, Barton, Cambridge, CB23 7AB, UK

PLEASE MARK ENVELOPE AS CONFIDENTIAL



MEDICAL REPORT

CANDIDATE DETAILS

Name of applicant: _____

Would you please verify the medical history supplied by the applicant and make any additions or comments as appropriate. The purpose of this report is to assess suitability for training in the UK with further training and practical placements overseas, usually living and working in basic conditions.

Past history: _____

Relevant family history: _____

Current medication: _____

Weight and general fitness: _____

General health: _____

Is the applicant free from infectious diseases? _____

Has the applicant had any allergic reactions? _____

Does the applicant have an existing condition that requires them to be in close proximity to medical facilities? If yes, please comment

Is there any other relevant information we should be aware of? _____

Doctor's Signature: _____

Name and address of Practice: _____
