TO BE COMPLETED BY MEDICAL PROFESSIONAL

PHYSICAL EVALUATION

TO THE APPLICANT: Please have your physician complete the following questions and sign where indicated.
TO THE PHYSICIAN: The applicant has applied for a school with Youth With A Mission Barbados. Would you please complete this section of the application and comment on the applicant's health? After completing evaluation please post, fax or scan and email to the address at the end of the page. Thank you kindly.

Applicant's Name _____
First Name Middle Name Last Name

Height (ft) _____ Weight (lbs) _____ Blood Pressure_____

Is the applicant under medical supervision or taking any medication at this time? Yes☐ No☐ If yes, what medication and why.

_____

_____

Are there any abnormalities of the following systems?

☐ Cardiovascular	☐ Head, Ear, Nose & Throat	☐ Skin
☐ Digestive Tract	☐ Musculoskeletal	☐ Teeth
☐ Endocrine (Thyroid)	☐ Nervous System	☐ Trunk & Back
☐ Eyes	☐ Respiratory	☐ Urogenital*

*Gynecological examinations of the female applicants with a Pap Smear are left up to the Physician's discretion.

If yes to any of the above, please explain.

_____

_____

_____

Does he/she have any special dietary needs? Yes☐ No☐ If yes, please explain

_____

_____

PHYSICIAN'S RECOMMENDATION

The applicant is ☐ acceptable without limitations ☐acceptable with limitations (specify) _____
☐ not acceptable ☐should remain in areas where adequate medical care is available

Is there anything else we should be aware of?

_____

_____

Physician's Name_____ Physician's Signature_____

_____ Date___/___/___
Address/Stamp

Admissions, Youth With A Mission Barbados, Thickett Plantation, St Philip, Barbados BB18027
Tel: 246-423-7496 Fax: 246-423-8080 Email: training@ywambarbados.org