

APPLICATION FORM -N2N DTS 2025

PHYSICIAN EVALUATION FORM

TO THE PHYSICIAN:

The _____ applicant has applied for a school within **Youth With A Mission**, which will include community outreach and travel. Could you please review the following questions regarding the health of the applicant.

PHYSICAL ASSESSMENT

HEIGHT	CM	WEIGHT	KG	BLOOD PRESSURE		
VISION	UNCORRECTED	R	L	CORRECTED	R	L
COLOUR PERCEPTION		HEARING	R		L	

ARE THERE ANY ABNORMALITIES OF THE FOLLOWING SYSTEM?

HEAD EAR NOSE & THORAT	YES	NO	COMMENT IN DETAIL
EYES			
TEETH			
NERVOUS SYSTEM			
RESPIRATORY SYSTEM			

1. Can he/she walk up to five miles per day? (No /Yes)

2. Is he/she underweight or overweight? (No /Yes If so, by how many pounds?)

3. Is he/she under medical attention or taking medication
(No/Yes, if yes please specify)

4. Is the applicant in general good health? (No/ Yes. If no please specify)

5. Does the applicant have any contagious illness? (No/ Yes. if yes please specify)

Physician's Signature and Registration Number: _____

Date _____

Physician's Name (as per government Id card) _____

Address _____

Phone _____