

**PART E - HEALTH ASSESSMENT FORM (Physician's Assessment)**

*To be completed by a certified physician.*

Dear Physician,

We request your help in providing us with information about our school applicant's physical health.

The applicant is applying for a program that requires him/her to have a good health and a reasonable level of physical fitness. He/She may be required to participate in field trips and outreaches.

Your examination & assessment of this applicant will be crucial for YWAM Singapore's consideration of acceptance.

Thank you!

Warm Regards,  
YWAM Singapore Registrar

Name of Applicant (*as in passport*): \_\_\_\_\_

School Applied For: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Pulse Rate: \_\_\_\_\_

Regularity: \_\_\_\_\_

**History (personal, medical/operation, mental, family):**

\_\_\_\_\_  
\_\_\_\_\_

**General Examination**

Eyes	Left:	Right:	(With / Without corrective glasses)
Hearing	Left:	Right:	

Chest (lung & heart): \_\_\_\_\_

Abdomen (liver / spleen enlargement): \_\_\_\_\_

Genital-urinary system: \_\_\_\_\_

Any other condition that YWAM Singapore should take note of?

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Physician's recommendation on fitness for the applicant to study/for overseas travel for 3/6/9/ months.

- Acceptable without any limitation
- Acceptable with limitation (please specify): \_\_\_\_\_
- Not acceptable
- Should remain in areas where adequate medical care is available

How long have you known the applicant? \_\_\_\_\_ (years) \_\_\_\_\_ (months)

**Details of Physician and Clinic**

Name of Physician: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Clinic Telephone No: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinic Stamp and  
Signature of Physician: