



**South - North Volunteer Program of United Evangelical Mission
Medical Examination form**

Dear Applicant,

Please note that we will need this medical examination sheet after your selection process. You do not need to hand it in with your initial application.

Yours, UEM volunteer-team

Name of applicant:

Date of Birth:

How long have you known the applicant?

Have you attended him/her professionally before?

Yes No

If yes, what complaint?

Any family history of disease?

Any serious operations, injuries or illness in the past?

What infections diseases has the applicant had?

General condition:

Any eye defects? Yes No

If yes, are spectacles worn and satisfactory?

Any ear disease? Yes No

If yes, please specify:

Any hearing defect? Yes No

If yes, please specify:

Are mouth and throat healthy? Yes No

If no, please specify:

Are teeth well cared for? Yes No

If no, please specify:

Pulse rate:

Blood pressure:

Are heart and lung healthy?

Result of chest X-ray?

Any abdominal signs or symptoms?

Any signs of hernia?

Urine:

Any albumen?

Any sugar?

Is the applicant vaccinated against the following diseases?

Tetanus Yes No If yes: When?

Diphtheria Yes No If yes: When?

Pertussis Yes No If yes: When?

Measles Yes No If yes: When?

Mumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes: When?
Rubella	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes: When?
Polio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes: When?
Covid-19	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes: When?

If available, please attach a copy documenting the vaccination status.

Any organic, nervous or other disorders?

Any functional disorders?

Is the applicant emotionally well balanced?

Is there any history of depression?

Is there any tendency to depression?

Have you any knowledge of the applicant's life-style and is there any evidence of abuse of alcohol or drugs?

Do you consider that there are any medical reasons why the applicant should not go abroad for 12 months?

Does the applicant need any special diet or regular medical treatment?

Date:

Address:

Signature of examiner: