

# CERTIFICATE OF HEALTH

**PART I** (to be filled out by examinee)

Name in full \_\_\_\_\_

Birth date \_\_\_\_\_

Name of family physician \_\_\_\_\_

Briefly detail your physical condition: (Do you tire easily? Do you battle sicknesses? Do you get headaches often? Do you sleep well? What are your endurance levels? Does stress affect you physically? etc.) \_\_\_\_\_

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

**PART II** (to be filled out, signed, and dated by family physician)

The examinee is a candidate for future mission work in Asia. Please record any relevant information about his/her medical record that may be helpful in case of emergency.

Has the examinee had any of the following conditions in the past? (if so, please list dates)

Heart trouble: \_\_\_\_\_

High blood pressure: \_\_\_\_\_

Asthma: \_\_\_\_\_

Diabetes or low blood sugar: \_\_\_\_\_

Other: \_\_\_\_\_

Does the examinee have any physical limitations? (if so, please list them and medications and/or treatments needed) \_\_\_\_\_

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

How long have you known this person? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_