



Medical Questionnaire

(Applicant's Name) _____ has applied to an Internship Program, a part of Youth With A Mission. This is an organization with demanding schedules and activities which require good health. We would appreciate your evaluation in the following areas:

- 1. Blood type _____
- 2. Does he/she suffer from intestinal problems? _____
- 3. Normal weight _____
- 4. Is he/she overweight? _____ underweight? _____
- 5. Does he/she suffer from migraines? _____
- 6. Does he/she require a special diet? _____
- 7. Does he/she have any contagious diseases? _____ If so, please explain.
- 8. Is he/she especially susceptible to colds or the flu? _____
- 9. Does he/she suffer from depression? _____

Illnesses of the Senses (please explain)

- 10. Eye? _____
- 11. Throat? _____
- 12. Nose? _____
- 13. Ear? _____

Does he/she suffer from any of the following:

- 14. Epilepsy? Yes No
- 15. Diabetes? Yes No
- 16. Sinusitis? Yes No
- 17. Heart condition? Yes No
- 18. Kidney problems? Yes No
- 19. Is he/she able to walk 4 miles per day Yes No
- 20. Stomach problems: Yes No
Explain _____
- 21. Mental illness? Yes No
Explain _____
- 22. Is he/she currently taking meds? Yes No
Please describe _____
Reason? _____

General Information: Please describe the overall physical and mental condition of this applicant.

Signature _____ Date _____

Name (print clearly) _____ Telephone _____ E-mail _____@_____

Address _____ City, State, Country _____