



Medical Form

To ensure health and safety during your time on Logos Hope - as far as we can - we ask you to give us the following comments on your health and diet. Please tick and indicate details where necessary and return it with your application forms.

Print Clearly!

Personal Medical History

Name:

Date of Birth:

Sex: ☐ Male

☐ Female

Height:

Weight:

Current Marital Status:

Please tick the immunization you had:

☐ Mumps

☐ Rubella

☐ Smallpox

☐ BCG Vac

☐ Polio

☐ Cholera

☐ Tetanus

☐ Hepatitis B

☐ Influenza

☐ Diphteria

☐ Typhus

☐ Hepatitis A

☐ Pertusis

☐ Measles

☐ Typhoid

☐ Yellow Fever

Indicate by ticking whether you have had the following and they still apply to you now. If so, please explain afterwards.

☐ Asthma

☐ Thyroid Trouble

☐ Cancer

☐ Convulsions

☐ Epilepsy

☐ Leukemia

☐ Hepatitis

☐ Venereal Disease

☐ Hypoglycemia

☐ Bulimia

☐ Anorexia Nervosa

☐ Drug Flashback

☐ Diabetes

☐ Tuberculosis

☐ Stomach Ulcers

☐ Excessive fatigue

☐ Back Problems

☐ Rheumatic Fever

☐ Psychiatric Counseling

☐ severe

headaches

☐ Physical disabilities/handicaps

☐ High Blood Pressure

☐ Fainting spells

☐ Anemia

☐ Homesickness

Explanation

What is your blood group? (very important):

Do you require a special diet? If so, give details.

Questions

Are you presently taking any medication? If so, give name of medication, dosage and reason for taking medication.

Specify if you have any allergies (to a medication or other):

Is there any possibility that you may have AIDS or been exposed to the AIDS virus? Explain.

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Have you ever had a prolonged period (months) of depression / treatment?

Please give details and dates of any nervous breakdowns or mental illness.

Do you suffer from wakefulness / difficulty in falling asleep, or disturbed sleep?

☐ yes ☐ no

Have you ever been addicted to drugs or alcohol? ☐ yes ☐ no

If yes, what is your present condition?:

Have you ever suffered from a phobia (persistent irrational fear)? ☐ yes ☐ no

If yes, please specify:

Emotional History

Do you have any lack of emotional control or unusually sensitive? ☐ yes ☐ no

Have you ever received treatment or counseling by a professional or non-professional person for psychological or emotional problems? ☐ yes ☐ no

If yes, please explain:

Have you ever lived abroad (include study at school, college, university)? ☐ yes ☐ no

If yes, where and for how long?

How did you cope?

☐ Well

☐ Reasonably well

☐ Not well

Did you suffer from illness there? ☐ yes ☐ no

If yes, please give details:

I certify that I have answered the above questions fully and honestly and that I have no other significant health problems.

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Date:

Signed: