



**YWAM/University of the Nations, Tokyo, Japan
Staff Health Form**

Name of Applicant: _____

To the Physician:

The above applicant has applied for service with Youth With A Mission.

This is a missionary service in which there will be some strenuous physical exertion.

Please answer the following questions regarding the applicant's health:

1. Would he/she be able to walk 5 to 7 kilometres (3 to 4 miles) a day? Yes ___ No ___
2. Is he/she under medical supervision at this time, or taking medication? Yes ___ No ___
 If yes, what kind? _____
3. Would you consider the applicant to be in generally good health? Yes ___ No ___
4. Do you certify that the applicant is non-contagious? _____
 (According to the requirements of authorities in the country to which the applicant may travel.)
5. Does the applicant have any allergies that require medication? Yes ___ No ___
 If yes, which ones? _____
6. Please list any other medical information that would be helpful.

Name (printed): _____ Phone: _____
 (Or doctor's stamp with contact information.)

Address _____

Signature: _____ Date: _____

Please return this form immediately to:

staff.registrar@ywamtokyo.org

or

Staff Applications, YWAM Tokyo, 1-17-5 Shinkawacho, Higashikurume, TOKYO, 203-0013, JAPAN