

Personal Health Disclosure

APPLICANTS NAME _____

- Please complete **all** sections of this reference.
- It will help us if you type your answers or print carefully in black/blue ink.
- If you need more space to answer a question, please use a separate piece of paper.
- Husbands and wives must supply separate disclosures.
- We reserve the right to ask you to have a medical reference completed by a medical doctor (or psychiatrist if appropriate), depending on the advice of our Medical Officer.

**YOUR HONEST INFORMATION WILL HELP US TO EFFECTIVELY ASSESS YOUR APPLICATION
AND BEST CONSIDER YOUR NEEDS.**

APPLICANT'S RELEASE OF MEDICAL INFORMATION

I _____ (applicant's name), give permission for medical information to be reviewed by YWAM's medical officer (i.e. registered nurse, medical doctor, psychiatrist or suitably qualified allied health professional) for purposes of assessing my suitability for service with Youth With A Mission.

I give permission for the release of relevant medical information to the Youth With A Mission medical officer in consultation, if necessary, with the personnel manager or team leader only.

Signed _____ Date dd/mm/yy) _____

Date of Birth _____

Position being applied for _____

**PLEASE RETURN THIS FORM TO: YWAM Cambridge, 31 Ashvale, CB4 2SZ
or email a scanned copy as requested**

1 GENERAL HEALTH

Are you able to walk up to six miles (10 kilometres) in one day? Yes No

If this is an issue, please explain: _____

Are you able to carry out reasonably strenuous physical work? Yes No

If no, please explain: _____

Are you presently in good health? Yes No

If no, please give brief details: _____

2 MEDICAL HISTORY

Have you **ever** had or been treated for any of the following?

Malaria or other tropical/infectious diseases Yes/No

High blood pressure, heart problems or stroke Yes/No

Arthritis or any back, muscle or joint problems Yes/No

Gastric or duodenal ulcers, colitis or intestinal diseases Yes/No

Epilepsy, seizures or other neurological diseases Yes/No

Kidney stones or other kidney or bladder diseases Yes/No

Asthma or other respiratory diseases Yes/No

Diabetes Yes/No

Cancer or tumours of any kind Yes/No

If yes, please give details

List all the **serious illnesses** and **operations** you have had in the past. (This means any illness requiring hospital admission, treatment from your doctor for an illness lasting more than one month, or any illness that may have an affect on your health both now and in the future.) Please also state the outcome and whether there are any residual problems.

Illness/Operation	Date	Outcome
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Describe any **current medical limitations** for which you are receiving treatment, or which may affect your health:

List any **medications** which you take, either on a regular basis, or only when needed and for what illness:

What is your height? Feet Inches (or metres)
What is your weight Stone Lbs (or kilogrammes)

WELLBEING

Have you experienced any of the following:

- | | |
|-------------------------------------|--------|
| Anxiety | Yes/No |
| Depression | Yes/No |
| Mood Disorders | Yes/No |
| Panic attacks | Yes/No |
| Eating concerns/disorders | Yes/No |
| OCD (Obsessive Compulsive Disorder) | Yes/No |
| Self-harm | Yes/No |
| Other mental health issues | Yes/No |

If yes, please give details

Have you ever had suicidal thoughts?

Yes/No

If yes, please give details

Have you **ever** received professional counselling/and or psychiatric support?

Yes/No

If yes, please give details

List any **serious mental** or **physical illness** in your **immediate family**

Illness

Family Member

Is there any other information that will be helpful for us to know as we consider your application?

Disclosing information in this section does not necessarily preclude you from acceptance. These questions are to help us assess whether YWAMs lifestyle is suitable for you at the present moment.

4 VACCINATIONS

Due to our close living conditions, we require all staff and trainees to be up to date with their vaccinations.

Did you complete your childhood vaccines?

Yes/No

Rubella (single dose) or MMR

Yes No

Date of vaccination _____

Tetanus (every 10 years)

Yes No

Date of vaccination _____

(We require a booster within last 10 years, especially if travelling to developing nations)

If these are not available in your country, we will require you to have them within one month of arrival, at your own expense. You may require additional vaccinations if travelling to certain nations during your time in YWAM.

(This form is not complete until this section has been answered)

5 FOR WOMEN ONLY

Do you have any obstetric or gynecological conditions that currently affect you? (eg. Issues with past pregnancies or menstrual periods that affect your daily functioning?) If yes, please explain.

6 MEDICAL COVERAGE IN THE UK

Please read through the following statements and select the one that applies to you.

- I am coming to the UK on a visa (less than six months). I understand that I will not have access to the National Health Service whilst in the UK. I am responsible for arranging medical insurance and/or travel insurance to cover these costs. I am also responsible for arranging medical and/or travel insurance for any YWAM related outreaches or trips I may take abroad to cover serious injury, repatriation, loss of passport, luggage, money etc. I absolve YWAM LOCATION of all responsibility for any and all medical costs and repatriation fees.
- I am coming to the UK on a visa (six months or more and will pay the NHS surcharge as part of my visa fees). I understand that I will have access to the National Health Service whilst in the UK by paying this surcharge however, it will not cover prescriptions, dental, optometry or repatriation for medical reasons or in the case of fatality. I am responsible for arranging medical insurance and/or travel insurance to cover these costs. I am also responsible for arranging medical and/or travel insurance for any YWAM related outreaches or trips I may take abroad to cover serious injury, repatriation, loss of passport, luggage, money etc. I absolve YWAM LOCATION of all responsibility for any and all medical costs and repatriation fees.
- I am a European citizen. I understand that I will have access to the National Health Service using my European Health Insurance Card (EHIC) however, it will not cover prescriptions,

dental, optometry or repatriation for medical reasons or in the case of fatality. I am responsible for arranging medical insurance and/or travel insurance to cover these costs. I am also responsible for arranging medical and/or travel insurance for any YWAM related outreaches or trips I may take abroad to cover serious injury, repatriation, loss of passport, luggage, money etc. I absolve YWAM LOCATION of all responsibility for any and all medical costs and repatriation fees.

- I am a UK citizen. I understand I will have access to medical treatment under the National Health Service. I assume responsibility for prescriptions, dental and optometry costs. I am responsible for arranging medical insurance and/or travel insurance to cover these costs. I am also responsible for arranging medical and/or travel insurance for any YWAM related outreaches or trips I may take abroad to cover serious injury, repatriation, loss of passport, luggage, money etc. I absolve YWAM LOCATION of all responsibility for any and all medical costs and repatriation fees.
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I confirm that this is a true reflection of my health & wellbeing history and that failure to give any relevant information may lead to my involvement with Youth With A Mission being terminated.

Signed _____ Date: _____