

Diocese of the Mid-Atlantic Medical Health Evaluation

The Diocese of the Mid-Atlantic of the Anglican Church in North America requires applicants for ordination to present a satisfactory statement of good health by a physician. Applicants complete the top portion of this form and present it to their physician prior to a thorough medical examination. The physician will mail the completed form to the Registrar of the Diocese at the address below.

Applicant's Full Name _____

Date of Birth Phone Number Email Address

Home Address: _____

Marital Status: _____

Have You	Yes	No
1. Ever been rejected for or charged higher premiums life/health insurance?	_____	_____
2. Ever received Workmen's Compensation or other disability benefits?	_____	_____
3. Been rejected for employment on account of any physical or mental condition?	_____	_____
4. Ever received prescription drugs for mental illness or substance abuse?	_____	_____
5. Ever been a patient in a hospital?	_____	_____
6. Had any accidents, injuries, or operations or do you contemplate any operation?	_____	_____
7. Received disability benefits or medical leave for any medical/psychiatric condition?	_____	_____
8. Had your medical or psychiatric fitness for a job or educational studies questioned by a supervisor or a supervising institution?	_____	_____
9. Ever left school or any position because of ill health?	_____	_____
10. Lost time from work or school in the past three years for medical reasons?	_____	_____

Provide full details here for all questions answered "Yes." Full details include the condition, dates, and durations. List the question number when answering. Use additional sheets if necessary.

Signature _____ Date _____

PHYSICIAN

1. Applicant's Overall Health Assessment

2. What higher risks are associated with this assessment/condition?

3. With appropriate treatment, follow up, and patient compliance, will these conditions:
 - a. Resolve completely?
 - b. Remain stable without progression?
 - c. Progress gradually?
 - d. Progress rapidly?
 - e. Impair the candidate's ability to meet the physical, mental, and emotional demands of a pastor?

4. How long have you known applicant? In what relationship?

On the basis of your examination, is the applicant free from any medical condition or other impediment that would render him/her unsuitable for the tasks of ordained ministry? (If you have confidential information that concerns this applicant's ability to serve in ministry, please forward details to the Bishop by confidential communication at the address below.)

M. D.

Examiner's Signature

Printed Name

Address

Phone Number/Fax Number

Registrar

Diocese of the Mid-Atlantic
14851 Gideon Drive
Woodbridge, VA 22192
703-590-5470