

# Youth With A Mission - Thailand

## School Of Worship Application Information

**Guide To Completing Applications:** The following items must be submitted **before** your application can be processed. All the questions must be completed. **If a question does not apply to you, write N/A** (not applicable) in the space provided. **Husbands and wives must complete separate forms, and children have their own.**

1. **Application Form:** Please fill this out completely, attach a recent photo of yourself, and sign the application form.
2. **Registration Fee:** Your USD \$35.00 (\$50.00 per married couple) Thai Citizens 250 (400 married) must be forwarded with the application. This fee is not refundable, and your application cannot be processed without it.
3. **Confidential References:** Two confidential references are enclosed. One reference should be given to each of the following: **1-Pastor, 2- YWAM/DTS Leader.** Request they fill it out and mail it directly to the Director. You may want to give them a stamped envelope with YWAM- Thailand address on it.
4. **Medical Requirements:** The Confidential Health Form must be completed by your physician and sent directly to the Director. If you have school age children, they must also fill one out. Children in kindergarten or younger will be sent a less detailed form. Be sure to have the physician who performed the physical sign your Form. Be sure to have the TB test. Documentation must clearly indicate the test performed and the results. Be sure to fill out your childhood immunization records as completely as possible. You should have updated adult boosters (within the last 5 years). These details are very important- your application cannot be processed without it.
5. **Acknowledgement of Financial Responsibility, Release of Liability, and Consent for Treatment:** These sections must be signed. If you are under 18, be sure to have a parent/guardian sign the form, also.
6. **Passport:** Those who do not have a passport should apply for one immediately, Citizens of Thailand included.
7. **Visas: INTERNATIONAL STUDENTS-** Upon acceptance to this school, you will receive an application and letter from YWAM Thailand to the Royal Thai Consulate General requesting a non-immigrant visa. **YOU MUST OBTAIN THIS NECESSARY VISA BEFORE YOUR ARRIVAL.** Visas may be obtained at your Thai embassy.
8. **QUESTIONS: Please prayerfully answer the following questions on a separate sheet of paper.**
  - a. Describe what you have been doing since your DTS (education, job, mission, experience, etc).
  - b. How has the Lord worked in your life during, and since, your DTS?
  - c. What are your main motivations for applying to the SOW? What would you like to see God do in your life during the school?
  - d. If you were not accepted as part of this school, what would you do (next steps or alternatives)?
  - e. Please describe your present relationship to your local church, leaders, and involvement there.
  - f. Would your church support you in prayer and finances for future involvement in mission work?
  - g. What do you feel is your calling in the area of worship (i.e. local church, ministry teams, missions, etc)?
  - h. We know one can be a worshipper without being a musician. However, do you have any experience with the following: a) leading worship; b) worship teams? Please explain.
  - i. What are your musical strengths and skill level?
  - j. Do you have any difficult situations to deal with in regard to attending SOW? What can we help you with?
  - k. Do you have any outstanding debts or restitution to pay before attendance? Please state your present financial situation in regard to paying SOW fees and other costs that may be incurred.
  - l. Are your parents in approval of your doing an SOW?
  - m. At this point in time, do you have a long-term mission plan? If so, please explain.
  - n. Do you have any problems or reservations about living in dormitory type conditions with very little personal space?
  - o. Do you think you are you able to eat different kinds of food and function daily in a different culture than your own?

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**IMPORTANT:** Applications for Thai citizens must be received no later than 2 weeks prior to the start of school, and for non-Thai citizens, four weeks prior to the start of school. **It is very important that at least the first page of the application and registration fee be sent in as soon as possible,** as this enables us to know how many are interested in attending. The passport information may be mailed at a later date, or given when you arrive. You must obtain or apply for your passport & necessary visas **BEFORE ARRIVING! A 3 month stay visa will be required.**

# YWAM-Thailand

## School Of Worship Application

Please return all forms to:  
**YWAM Thailand S.O.W.**

P.O. Box 20  
Thungsetthi Post Office  
Bangkok, Thailand 10263

PH: (66)-02-752-8180  
FAX: (66) 02-752-8014  
E-Mail: sowthailand@yahoo.com

**IMPORTANT!  
ATTACH  
RECENT  
PHOTO  
HERE**

I wish to attend the SOW beginning \_\_\_\_\_ Registration fee enclosed \_\_\_\_\_  
Month Year

Mr/Mrs/Miss \_\_\_\_\_  
(Last Name/Family Name) (First Name) (Middle Name) (Nickname)

**PRESENT ADDRESS:** (PO Box /Street) \_\_\_\_\_ (City) \_\_\_\_\_

(State/Province) \_\_\_\_\_ (Postal/ZipCode) \_\_\_\_\_ (Country) \_\_\_\_\_

(Phone) \_\_\_\_\_ - \_\_\_\_\_ (Fax) \_\_\_\_\_ - \_\_\_\_\_ (E-mail) \_\_\_\_\_ @ \_\_\_\_\_

**PERMANENT ADDRESS:** (PO Box /Street) \_\_\_\_\_ (City) \_\_\_\_\_

(State/Province) \_\_\_\_\_ (Postal/ZipCode) \_\_\_\_\_ (Country) \_\_\_\_\_

(Phone) \_\_\_\_\_ - \_\_\_\_\_ (Fax) \_\_\_\_\_ - \_\_\_\_\_ (E-mail) \_\_\_\_\_ @ \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:** (Fullname) \_\_\_\_\_ (Relationship) \_\_\_\_\_

(PO Box /Street) \_\_\_\_\_ (City) \_\_\_\_\_

(State/Province) \_\_\_\_\_ (Postal/ZipCode) \_\_\_\_\_ (Country) \_\_\_\_\_

(Phone) \_\_\_\_\_ - \_\_\_\_\_ (Fax) \_\_\_\_\_ - \_\_\_\_\_ (Office) \_\_\_\_\_ - \_\_\_\_\_

**HOME CHURCH:** (Name) \_\_\_\_\_ (Pastor's Name) \_\_\_\_\_

(PO Box /Street) \_\_\_\_\_ (City) \_\_\_\_\_

(State/Province) \_\_\_\_\_ (Postal/ZipCode) \_\_\_\_\_ (Country) \_\_\_\_\_

(Church Phone) \_\_\_\_\_ - \_\_\_\_\_ (Fax) \_\_\_\_\_ - \_\_\_\_\_ Length of Attendance \_\_\_\_\_

### GENERAL INFORMATION:

Date of Birth (mo) \_\_\_\_\_ (day) \_\_\_\_\_ (yr) \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Do you have a Passport? \_\_\_\_\_ (Yes or No)

If Yes, when does it expire? (mo) \_\_\_\_\_ (day) \_\_\_\_\_ (yr) \_\_\_\_\_

**Marital Status** (please circle one) Single Married Separated Divorced Engaged

Spouse's name \_\_\_\_\_ Anniversary (mo) \_\_\_\_\_ (day) \_\_\_\_\_ (yr) \_\_\_\_\_

Number of children accompanying you \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport? \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport? \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport? \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport? \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport? \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport? \_\_\_\_\_

### Your Educational History:

High/ Secondary School or equivalent from which you graduated (or will be):

Name \_\_\_\_\_ Location \_\_\_\_\_

Date of Graduation (mo) \_\_\_\_\_ (yr) \_\_\_\_\_ I have not completed high school \_\_\_\_\_

### College/University/Vocational School/Seminary Attended:

Name \_\_\_\_\_ Where \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

Name \_\_\_\_\_ Where \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

**Occupational Skills** \_\_\_\_\_

**Musical Ability or other Talents** \_\_\_\_\_

**Miscellaneous information:**

How did you hear about the base? \_\_\_\_\_

What reasons most influenced your decision to apply for the SOW in Thailand? \_\_\_\_\_

\_\_\_\_\_

Do you plan to pursue a University of the Nations degree? \_\_\_\_\_ (Yes/No)

**Financial Support:**

Do you have your complete school fees? \*\* \_\_\_\_\_ (Yes/No) If Yes, from? \_\_\_\_\_

If No, how much do you have at this time? \$ \_\_\_\_\_

If No, how do you plan to pay for your schooling? \_\_\_\_\_

Do you have any outstanding debt? (Please explain) \_\_\_\_\_

**\*\*Please keep in mind that complete fees for lecture phase are due the first day of class.**

**I certify that all the information in this application is complete and accurate. I understand that payment of the required school tuition fees must be made prior to, or upon, my arrival unless otherwise approved by the School Director before my departure to Bangkok, Thailand.** Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with the Youth With A Mission training program. If I am accepted into the YWAM training program, I will abide by the Spirit, rules and schedule of the school.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Release of Liability:**

I/we do hereby release Youth With A Mission, Inc., it's staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth With A Mission.

\_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date

Signature of Parent or Guardian if applicant is under 18 years of age

\_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship

**Consent for Treatment:**

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, that the attending doctor or physician may deem necessary.

\_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date

Signature of Parent or Guardian if applicant is under 18 years of age

\_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship



9. Check any of the following that you feel are motivating the applicant to attend this YWAM School:

- |  |  |
|--|--|
| <input type="checkbox"/> Christian service                       | <input type="checkbox"/> Escape an unpleasant home situation |
| <input type="checkbox"/> Desire to spread the Gospel             | <input type="checkbox"/> Desire to help others               |
| <input type="checkbox"/> Travel                                  | <input type="checkbox"/> Adventure                           |
| <input type="checkbox"/> Receive help, ministry and discipleship | <input type="checkbox"/> Other _____                         |

10. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?

Yes  No      If "yes", please explain \_\_\_\_\_  
\_\_\_\_\_

11. As far as you know, has the applicant ever been arrested for any offense?

Yes  No      If "yes", please explain \_\_\_\_\_  
\_\_\_\_\_

12. Does the applicant respond well to authority?

Yes  No      If "no", please explain \_\_\_\_\_  
\_\_\_\_\_

13. Is your congregation/group standing behind the applicant with full support? \_\_\_\_\_  
\_\_\_\_\_

14. In your consideration, which of the following would best describe the applicant's Christian life?

- |  |   |
|--|---|
| <input type="checkbox"/> Mature            | <input type="checkbox"/> Over-emotional |
| <input type="checkbox"/> Contagious        | <input type="checkbox"/> Superficial    |
| <input type="checkbox"/> Genuine & growing | <input type="checkbox"/> Untested       |

15. Please comment briefly on the applicant's family background (if known) \_\_\_\_\_  
\_\_\_\_\_

16. Would you please make any comments regarding the applicant that you feel could be helpful?  
(Use a separate sheet of paper if necessary) \_\_\_\_\_  
\_\_\_\_\_

17. Recommendation: What is your overall evaluation of the applicant's promise as an YWAM worker?

- |  |   |
|--|---|
| <input type="checkbox"/> Unsuitd                                     | <input type="checkbox"/> Average prospect       |
| <input type="checkbox"/> At this time, he/she is unsuitd             | <input type="checkbox"/> Above-average prospect |
| <input type="checkbox"/> Good prospect, but I have some reservations | <input type="checkbox"/> Exceptional prospect   |

**\*\* Please feel free to make any other comments that you feel would benefit us as we prayerfully consider the above applicant.**

I declare that the contents of this confidential reference are correct to the best of my knowledge.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Street) (City) (State/province) (Zipcode) (Country)

Day Phone: \_\_\_\_\_ - \_\_\_\_\_ Eve. Phone: \_\_\_\_\_ - \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Yes**, I would like further information about Youth With A Mission

**Ref. P-2**

**YWAM-Thailand**  
**Confidential Reference Form**  
**YWAM/DTS Leader**

**Please return to:**  
**YWAM Thailand SOW**  
P.O. Box 20, Thungsetthi Post Office  
Bangkok, Thailand 10263  
FAX:(66)02-752-8014 PH:(66)02-752-8180

**SOW**  
**REF. Y-1**

**To the person filling out this form:** The below named person has applied for participation in YOUTH WITH A MISSION. In view of the work in which the applicant will be involved, we would greatly appreciate your careful and thoughtful consideration to the questions asked on this form. All evaluation forms will be kept in strict confidence and will not be shown to the applicant.

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State/province) (Zipcode) (Country)

\_\_\_\_\_, I, the above named applicant, **WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission. Applicant's signature** \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. On a scale of 1-10 (1 is little, 10 is intimately), how well do you feel you know the applicant? (circle one)  
1 2 3 4 5 6 7 8 9 10

3. During what time(s) was the applicant under your leadership, and in what capacity?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(mo) (day) (yr) (mo) (day) (yr)

4. In your association with the applicant, what has been the level of commitment you have seen exemplified? \_\_\_ Faithful \_\_\_ Inconsistent \_\_\_ Other \_\_\_\_\_

5. In your opinion, which area of ministry is the applicant gifted? (check all that apply)

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Communication    | <input type="checkbox"/> Preaching    | <input type="checkbox"/> Drama           |
| <input type="checkbox"/> Secretarial work | <input type="checkbox"/> One-on-one   | <input type="checkbox"/> Music           |
| <input type="checkbox"/> Children's work  | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Pastoring       |
| <input type="checkbox"/> Administration   | <input type="checkbox"/> Counseling   | <input type="checkbox"/> Prayer          |
| <input type="checkbox"/> Carpentry        | <input type="checkbox"/> Youth work   | <input type="checkbox"/> Worship         |
| <input type="checkbox"/> Teaching         | <input type="checkbox"/> Hospitality  | <input type="checkbox"/> Encourager      |
| <input type="checkbox"/> Doctor           | <input type="checkbox"/> Nurse        | <input type="checkbox"/> Servant hearted |
| <input type="checkbox"/> Plumbing         | <input type="checkbox"/> Art          | <input type="checkbox"/> Evangelism      |
| <input type="checkbox"/> Other: _____     |                                       |  |

6. In which of the above areas has the applicant participated in under your leadership? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please describe, in your own words, how you would rate the applicant in the following areas:

Initiative	_____	Industriousness	_____
Social adaptability	_____	Reliability	_____
Personal appearance	_____	Co-operation	_____
Concern for others	_____	Self-discipline	_____
Leadership	_____	Christian character	_____
Emotional stability	_____	Temperament	_____
Ability to follow	_____	Punctuality	_____
Flexibility	_____	Perseverance	_____
Stewardship	_____	Ability to cope with stress	_____

8. **For discipleship purposes**, please circle words or descriptions that may pertain to the applicant:

impatient, intolerant, argumentative	domineering, critical of others, given to moods
easily embarrassed, offended, or discouraged	frequently worried, anxious, nervous or tense
prejudiced towards groups/races/nationalities	addictive behavior, unable to cope with stress
erratic in attitudes or actions	

**\*\* (If you have noticed any of these, or similar limitations in the applicant's life, please elaborate on a separate piece of paper)**

9. Check any of the following that you feel are motivating the applicant to attend this YWAM School:

- |  |  |
|--|--|
| <input type="checkbox"/> Christian service                       | <input type="checkbox"/> Escape an unpleasant home situation |
| <input type="checkbox"/> Desire to spread the Gospel             | <input type="checkbox"/> Desire to help others               |
| <input type="checkbox"/> Travel                                  | <input type="checkbox"/> Adventure                           |
| <input type="checkbox"/> Receive help, ministry and discipleship | <input type="checkbox"/> Other _____                         |

10. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?

Yes  No      If "yes", please explain \_\_\_\_\_  
\_\_\_\_\_

11. Is the applicant someone you would enjoy working on staff with?

Yes  No      If "yes", please explain \_\_\_\_\_  
\_\_\_\_\_

12. Does the applicant respond well to authority?

Yes  No      If "no", please explain \_\_\_\_\_  
\_\_\_\_\_

13. Have you seen growth in the applicant? \_\_\_\_\_  
\_\_\_\_\_

14. In your consideration, which of the following would best describe the applicant's Christian life?

- |  |   |
|--|---|
| <input type="checkbox"/> Mature            | <input type="checkbox"/> Over-emotional |
| <input type="checkbox"/> Contagious        | <input type="checkbox"/> Superficial    |
| <input type="checkbox"/> Genuine & growing | <input type="checkbox"/> Untested       |

15. Please comment briefly on the applicant's family background (if known) \_\_\_\_\_  
\_\_\_\_\_

16. Would you please make any comments regarding the applicant that you feel could be helpful?  
(Use a separate sheet of paper if necessary) \_\_\_\_\_  
\_\_\_\_\_

17. Recommendation: What is your overall evaluation of the applicant's promise as an YWAM worker?

- |  |   |
|--|---|
| <input type="checkbox"/> Unsuitable                                  | <input type="checkbox"/> Average prospect       |
| <input type="checkbox"/> At this time, he/she is unsuitable          | <input type="checkbox"/> Above-average prospect |
| <input type="checkbox"/> Good prospect, but I have some reservations | <input type="checkbox"/> Exceptional prospect   |

**\*\* Please feel free to make any other comments that you feel would benefit us as we prayerfully consider the above applicant.**

I declare that the contents of this confidential reference are correct to the best of my knowledge.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State/province) (Zipcode) (Country)

Day Phone: \_\_\_\_\_ - \_\_\_\_\_ Eve. Phone: \_\_\_\_\_ - \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Yes**, I would like further information about Youth With A Mission Thailand

**Ref. Y-2**

# Youth With A Mission- Thailand

**CONFIDENTIAL  
HEALTH FORM**

**TO THE APPLICANT:** THIS INFORMATION IS TREATED AS CONFIDENTIAL.

Please print or type answers to **ALL** questions. As certain medical conditions may preclude acceptance, your physician or physician's assistant must complete Part B. **Less inclusive medicals done for other YWAM bases are not acceptable.**

**SCHOOL YOU ARE APPLYING FOR:** \_\_\_\_\_ (DTS, SBS, SOW, etc.) **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo) (yr)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Middle Initial) (mo) (day) (yr)

Permanent Address: \_\_\_\_\_  
(Street) (City) (State/Province) (Zipcode) (Country)

Home PH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:** \_\_\_\_\_  
(Last) (First)

Permanent Address: \_\_\_\_\_  
(Street) (City) (State/Province) (Zipcode) (Country)

Relationship: \_\_\_\_\_ Home PH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## PART A: PERSONAL HISTORY

Please answer all questions and take both Part A and Part B to your physician. Comment on all positive answers in the space below, or on a separate sheet of paper. **The omission of health history problems or incomplete explanation of the same can lead to removal of acceptance status.**

Have you ever had, or do you now have, any of the following:

	NO	YES		NO	YES		NO	YES
Skin Condition	___	___	Low Blood pressure	___	___	<b>Have you ever had any of the following COMMUNICABLE DISEASES?</b>		
Eye Trouble	___	___	Allergy: Bee Stings*	___	___			
Ear Trouble	___	___	Allergy: Penicillin	___	___			
Head Injury	___	___	Allergy: Sulfonamides	___	___		Chicken Pox	___
Recurrent Headaches	___	___	Allergy: Serum	___	___		Measles (Rubella)	___
Epilepsy	___	___	Allergy: Food (specify)	___	___		Measles (Rubeola)	___
Fainting Spells	___	___	Tumor/Cancer	___	___		Mumps	___
Mental/Nervous Disorders	___	___	Heart Trouble	___	___		Pertussis	___
Weakness	___	___	Rheumatism/Arthritis	___	___		Scarlet Fever	___
Paralysis	___	___	Back Problems	___	___		Tuberculosis	___
Insomnia	___	___	Dislocation of Joints	___	___		OTHER (specify)	___
Shortness of Breath	___	___	Broken Bones	___	___			
Hay fever	___	___	Stomach/Duodenal Ulcer	___	___			
Asthma	___	___	Gall Bladder Problems	___	___			
Hepatitis	___	___	Jaundice	___	___			
Recurrent Diarrhea	___	___	Intestinal Troubles	___	___	<b>FEMALES ONLY:</b>		
Kidney Disease	___	___	Diabetes	___	___	Irregular Periods	___	
Venereal Disease	___	___	Anemia	___	___	Severe Cramps	___	
High Blood Pressure	___	___				Excessive Flow	___	
						Are you pregnant?	___	
						Previous pregnancies	___	

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If you are allergic to bee sting, you must bring your own up-to-date reaction kit

**Confidential Health Form:**  
**Page 2**

I have specific need for counseling in the following area(s): \_\_\_\_\_  
\_\_\_\_\_

Do you wear contact lenses or glasses?    \_\_\_No \_\_\_Yes    Specify: \_\_\_\_\_

Have you been tested for HIV?                \_\_\_No \_\_\_Yes    If "yes", were the results \_\_\_Neg \_\_\_Pos?

**SURGERIES PERFORMED:**

Date (month/year)	Type of Surgery	Outcome and long-term effects

**X-RAYS PERFORMED:**

Date (month/year)	Type of X-Ray	Result

Are you at present under a doctor' s care for any condition?    \_\_\_No \_\_\_Yes  
If "yes", please specify: \_\_\_\_\_  
\_\_\_\_\_

Are you taking any medication at this time?    \_\_\_No \_\_\_Yes  
If "yes", please specify: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE ARRANGE TO BRING ALL NECESSARY LONG-TERM MEDICATIONS WITH YOU**

Do you now have, or have you ever received, any compensation for disability from any sources?  
\_\_\_No \_\_\_Yes                If "yes", please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY:**

Have any of your relatives ever had any of the following?

	No	Yes	Relationship
Tuberculosis	___	___	_____
Diabetes	___	___	_____
Kidney Disease	___	___	_____
Heart Disease	___	___	_____
Arthritis	___	___	_____
Asthma, Hay Fever	___	___	_____
Stomach Disease	___	___	_____
Epilepsy, Convulsions	___	___	_____

**Confidential Health Form:**

**Page 3**

**PART B: PHYSICIAN' S EVALUATION**

Applicant' s Name \_\_\_\_\_ Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle Initial mo day yr

**TO THE PHYSICIAN:**

Please review the information in PART A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by the health service. As certain conditions such as diabetes, epilepsy, heart disease and obesity may affect acceptance, please ensure that any pertinent information in these areas has been included.

**TO THE APPLICANT:**

All required immunizations **MUST BE COMPLETED BEFORE YOU WILL BE ACCEPTED AT YWAM-Thailand**. Due to our location and the varied outreach locations, other immunizations, injections and malaria medication may be required and can be obtained before outreach. If you have ever been vaccinated for cholera, typhoid, or yellow fever, please bring that information with you. Please be prepared financially to cover the cost of additional injections.

You need to have a Diphtheria-Tetanus booster within the last 5 years. If you were born after 1957, you will need a measles booster (total of 2 measles immunizations). Those born before 1957 are considered immune from measles.

**CHILDHOOD RECORD OF IMMUNIZATIONS:  
BASIC**

	Mo Day Yr	Mo Day Yr	Mo Day Yr
Diphtheria	/ /	/ /	/ /
Tetanus	/ /	/ /	/ /
Pertussis	/ /	/ /	/ /
Polio	/ /	/ /	/ /
Rubella	/ /	/ /	/ /
Measles	/ /	/ /	/ /
Mumps	/ /	/ /	/ /

**ADULT IMMUNIZATIONS  
BOOSTER**

Mo Day Yr	Mo Day Yr	Mo Day Yr
/ /	/ /	/ /
/ /	/ /	/ /
/ /	/ /	/ /
/ /	/ /	/ /
/ /	/ /	/ /
/ /	/ /	/ /
/ /	/ /	/ /

**TUBERCULOSIS CONTROL (within 6 months of the school)**

One of the following Examinations is required, unless *	Date	Result	Examination Facility
Chest X-ray			
Skin Test*			

**\*If your skin test is positive you MUST have a chest X-ray.**

Date of last DT (Diphtheria/Tetanus) booster: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_ (must be within the last 5 years)

Height: \_\_\_\_\_ / \_\_\_\_\_ Weight: \_\_\_\_\_ Overweight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Type: \_\_\_\_\_

**Confidential Health Form:**

**Page 4**

Visual Acuity (without glasses): R \_\_\_\_\_ L \_\_\_\_\_ (with corrective lenses) R \_\_\_\_\_ L \_\_\_\_\_

Urinalysis: \_\_\_\_\_ Last Pap Smear (not compulsory): \_\_\_\_\_

Are there any abnormalities of the following systems? Please describe fully.

E. N. T. \_\_\_\_\_

Ophthalmological \_\_\_\_\_

Teeth \_\_\_\_\_

Neurological \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Respiratory \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

Endocrine \_\_\_\_\_

Lymphatic \_\_\_\_\_

Dermatological \_\_\_\_\_

Hernial Orifices \_\_\_\_\_

Urological \_\_\_\_\_

Psychiatric \_\_\_\_\_

Recommendations For Follow-up Tests / Treatment: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

How long has this patient attended your office? Yrs. \_\_\_\_\_ Mo. \_\_\_\_\_ Wks. \_\_\_\_\_

PHYSICIAN'S RECOMMENDATION: \_\_\_\_\_ Acceptable Without Limitations \_\_\_\_\_ Not Acceptable

\_\_\_\_\_ Acceptable With Limitations (specify) \_\_\_\_\_

\_\_\_\_\_ Should Remain In Areas Where Adequate Medical Care Is Provided

PHYSICIAN'S NAME: (print) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE# (\_\_\_\_\_) \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

PHYSICIAN'S SIGNATURE: \_\_\_\_\_