THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS

Physician's Health Evaluation

To the physician: Please *type, print, or write legibly in black ink* when completing this form. Attach additional information if necessary. When you have completed the form, mail it and a copy of the Personal Health History of Missionary Candidate form directly to the candidate's bishop or branch president, using the envelope provided by the candidate. Your thorough evaluation and completion of all requested forms, information, and recommendations will be greatly appreciated. Where mail is unreliable, give the forms in a sealed envelope to the missionary candidate.

Full legal name (first) (middle) (last) (suffix)	Record number	Age	Gender
			☐ Female ☐ Male

Height (in inches or centimeters)	Weight (in pounds or kilograms)	Blood pressure	Pulse	Vision (with corrective lenses, if required)
☐ in. ☐ cm.	☐ lbs. ☐ kg.	/		Left Right

	If abnormal, please give specific details and indicate functional capacity (referring to item number).
1. General appearance ☐ Normal ☐ Abnormal	
2. Skin ☐ Normal ☐ Abnormal	
3. Eyes ☐ Normal ☐ Abnormal	
4. Ears (audiogram and balance if necessary) ☐ Normal ☐ Abnormal	
5. Nose, throat, neck, and thyroid ☐ Normal ☐ Abnormal	
6. Chest and lungs ☐ Normal ☐ Abnormal	
7. Heart and blood vessels (murmurs) ☐ Normal ☐ Abnormal	
8. Abdomen (masses, liver, and spleen) ☐ Normal ☐ Abnormal	
9.1. Rectal area, varicocele, and hernia ☐ Normal ☐ Abnormal	
9.2. Prostate (if males over 40) ☐ Normal ☐ Abnormal	
10. Back (history of pain, disability, treatment; also pilonidal disease) ☐ Normal ☐ Abnormal	
11. Upper extremities ☐ Normal ☐ Abnormal	
12. Lower extremities ☐ Normal ☐ Abnormal	
13. Neurological system ☐ Normal ☐ Abnormal	
14. (Women only) breasts ☐ Normal ☐ Abnormal	
15. (Women only) pelvic area, including Pap test (if over 40 or indicated by history) ☐ Normal ☐ Abnormal	
16. Comment on abnormalities noted in history or physical exam regarding: 16.1. Epilepsy 16.2. General medical problems 16.3. Surgical problems 16.4. Learning, memory, or communication disorders 16.5. Emotional, psychological, or psychiatric disorders 16.6. Abuse of prescription medicines, illegal drugs, or alcohol 16.7. Consultations requested	

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17. Urinalysis (tests for specific gravity, protein and sugar are all required)

Specific gravity (required)

Dipstick—protein (required)

Dipstick—sugar (required)

Microscopic (if protein abnormal)

If abnormal, please give specific details and indicate functional capacity (referring to item number).

18. Hemoglobin or hematocrit (circle the type and enter the test result)

☐ Hematocrit ☐ Hemoglobin

19. Blood Type _____ Rh factor _____

20. PSA (males over 50)

21. Mammogram (within last year for females over 40)

22. Tuberculosis testing (PPD-5TU) required for all (including those who had BCG vaccine and/or those who are known to be positive)

Millimeters of induration (required) _____ ☐ Negative ☐ Positive

(If 10 or greater, chest X ray required)

23. Chest X ray taken

☐ Yes ☐ No

24. INH is prescribed

☐ Yes ☐ No

If INH is prescribed for a PPD converter, treatment should be started as soon as possible. If active disease is found, missionary service must be delayed until treatment is completed.

25. Is the candidate currently taking any medication or is there any other factor that might impair their ability to drive?

☐ Yes ☐ No

26. Immunization Dates: *All* missionaries, including those serving in their resident countries, require immunizations for tetanus/diphtheria and hepatitis A and B. In addition, missionaries born after 1957 also require immunizations for measles/mumps/rubella (MMR 1 and 2) and Polio. However, the immunizations are not required to complete this form. It is recommended that these immunizations be completed as soon as possible.

Tetanus/diphtheria _____

MMR1 _____ MMR2 _____

Polio _____

Hepatitis A #1 _____ #2 _____

AND hepatitis B #1 _____ #2 _____ #3 _____

OR combined hepatitis A and B #1 _____ #2 _____ #3 _____

Missionary Fitness Report: Overall Assessment of Functional Ability Based on a review of the missionary candidate's history, your personal interview, a physical examination, and a review of laboratory findings, indicate the candidate's ability to function at various levels of activity as a missionary below.

☐ Level A—No limitation	☐ Level B—Slight limitation	☐ Level C—Moderate limitation	☐ Level D—Marked limitation	☐ Level E—Not appropriate
No limitation of activity in lifting, carrying, walking 6 or more miles per day, or spending 12 to 16 hours per day in missionary activity.	Slight limitation of activity; slight decrease of function or stamina, such as problems with walking (limited to 3-6 miles per day) or with extensive standing.	Moderate limitation of activity; moderate decrease of function or stamina; requires limited walking (0-3 miles per day) or sedentary work.	Marked limitation of activity or has special requirements, such as specific climate, use of wheelchair, frequent rest periods, special medical needs, or medical visits.	Conditions exist for which corrective action has not been or cannot be taken, such as severe chronic pain, loss of stamina, or recurring conditions.

Additional comments

Physician's Health Evaluation

Full legal name (first) (middle) (last) (suffix)	Record number	Age	Gender
			☐ Female ☐ Male

Physician's signature ☐ MD ☐ DO	Name of physician	Date
Physician's office address	City	State or province
Country	Postal code	District (if any)
Office phone (with area code)	E-mail address (if available)	

Authorization to Release Information

I authorize the examining physician to release the information contained in the Personal Health History of Missionary Candidate and the Physician's Health Evaluation of Missionary Candidate to my bishop or branch president and the Missionary Department of The Church of Jesus Christ of Latter-day Saints. I am aware that the information will be screened by physicians. I am aware that the information may be used in assessing assignments as part of my missionary call. I hereby release the examining physician from all legal liabilities that may arise from the release or use of the information by The Church of Jesus Christ of Latter-day Saints or its agents.

Missionary candidate's signature	Date
Witness's signature	Date