THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS

Personal Health History of Missionary Candidate

MISSIONARY DEPARTMENT
50 E NORTH TEMPLE ST RM 345 W
SALT LAKE CITY UT 84150-5400

Please answer all of the following questions. Be honest with yourself, your physician, and the Lord. Major difficulties may result if this information is not complete and accurate. Please do not withhold or deny any medical information.

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

Key: Current = is currently occurring; Previous = occurred previously, but is now resolved; Never = has never occurred

☐ Current	☐ Previous	☒ Never	1.	Persisting difficulties from serious injury or deformity of your head or other body parts
☐ Current	☐ Previous	☒ Never	2.	Sight impairment, glaucoma, or cataracts (need for glasses or contacts; chronic eye infection)
☐ Current	☐ Previous	☒ Never	3.	Problems with hearing normal conversation (require a hearing aid)
☐ Current	☐ Previous	☒ Never	4.	Recurrent sinusitis, sore throat, ear infections, or nasal obstruction
☐ Current	☐ Previous	☒ Never	5.	Lung disease, emphysema, tuberculosis, shortness of breath, spitting or coughing up blood or colored sputum, or collapsed lung
☐ Current	☐ Previous	☒ Never	6.	Hay fever or allergies
☐ Current	☐ Previous	☒ Never	7.	Asthma
☐ Current	☐ Previous	☒ Never	8.	High blood pressure, irregular heart rhythm, heart pain, coronary artery disease, congenital heart disease, or cardiomyopathy
☐ Current	☐ Previous	☒ Never	9.	Varicose veins or thrombophlebitis
☐ Current	☐ Previous	☒ Never	10.	Heartburn, reflux, ulcers, irritable bowel, chronic diarrhea, rectal bleeding, ulcerative colitis, or Crohn's disease
☐ Current	☐ Previous	☒ Never	11.	Gall bladder disease or stones, hepatitis, or cirrhosis or other liver problems
☐ Current	☐ Previous	☒ Never	12.	Rupture (hernia), varicocele, or varices
☐ Current	☐ Previous	☒ Never	13.	Diabetes
☐ Current	☐ Previous	☒ Never	14.	Hypoglycemic attacks
☐ Current	☐ Previous	☒ Never	15.	Thyroid or other hormonal problems or unexplained weight loss
			16.	Kidney or urinary difficulties
☐ Current	☐ Previous	☒ Never	16.1	Kidney or urinary disease or stones, repeated urinary infections, burning or frequent urination, or difficulty urinating
☐ Current	☐ Previous	☒ Never	16.2	Incontinence or enuresis (bed wetting)
☐ Current	☐ Previous	☒ Never	17.	Sexually transmitted disease
☐ Current	☐ Previous	☒ Never	18.	Chronic skin sores, rashes, warts on feet, changing moles, lumps, or swelling
☐ Current	☐ Previous	☒ Never	19.	Acne requiring Accutane
☐ Current	☐ Previous	☒ Never	20.	Sensitivity to the sun
☐ Current	☐ Previous	☒ Never	21.	Tattoos
☐ Current	☐ Previous	☒ Never	22.	Back or neck injury, arthritis in back or neck, spondylitis, chronic back or neck pain, or difficulty lifting things
			23.	Upper extremity—loss of any part or deformity, paralysis, joint pain, arthritis, or other problem in:
☐ Current	☐ Previous	☒ Never	23.1	Back or neck injury, arthritis in back or neck, spondylitis, chronic back or neck pain, or difficulty lifting things
☐ Current	☐ Previous	☒ Never	23.2	Shoulder
☐ Current	☐ Previous	☒ Never	23.3	Elbow
☐ Current	☐ Previous	☒ Never	23.4	Hand or wrist
☐ Current	☐ Previous	☒ Never	23.5	Other upper extremity
			24.	Lower extremity—loss of any part or deformity, paralysis, joint pain, arthritis, or other problem in:
☐ Current	☐ Previous	☒ Never	24.1	Foot
☐ Current	☐ Previous	☒ Never	24.2	Ankle
☐ Current	☐ Previous	☒ Never	24.3	Knee
☐ Current	☐ Previous	☒ Never	24.4	Hip
☐ Current	☐ Previous	☒ Never	24.5	Other lower extremity (such as ingrown toenails)
			25.	Frequent or severe headaches:
☐ Current	☐ Previous	☒ Never	25.1	Migraine headaches
☐ Current	☐ Previous	☒ Never	25.2	Tension headaches
☐ Current	☐ Previous	☒ Never	25.3	Frequent mild headaches
			25.4	Other headaches

☐ Current	☐ Previous	☐ Never		
☐ Current	☐ Previous	☐ Never	26.	Unconsciousness from head injury or interference with coordination or skilled movements; weakness or sensory loss from illnesses such as Parkinson's disease, multiple sclerosis, stroke, and so on
☐ Current	☐ Previous	☐ Never	27.	Fainting, dizziness, convulsions, seizures, or hyperventilation
☐ Current	☐ Previous	☐ Never	28.	Frequent feelings of being sick or easily tired, anemia, or bleeding tendency
☐ Current	☐ Previous	☐ Never	29.	Chronic fatigue syndrome or fibromyalgia syndrome
☐ Current	☐ Previous	☐ Never	30.	Insomnia or difficulty sleeping
☐ Current	☐ Previous	☐ Never	31.	Tumors, cancers, leukemia, chemotherapy, radiation therapy, or organ transplantation
☐ Current	☐ Previous	☐ Never	32.	Reaction or allergy to drug or medication
☐ Current	☐ Previous	☐ Never	33.	Taking medications (prescriptions, over the counter drugs, or vitamins and supplements)
☐ Current	☐ Previous	☐ Never	34.	Other diseases or problems with your physical health not already noted, including family history of tuberculosis or other disease
☐ Current	☐ Previous	☐ Never	33.	Taking medications (prescriptions, over the counter drugs, or vitamins and supplements)
☐ Current	☐ Previous	☐ Never	35.	Surgery, hospitalization, or injuries not listed above
			36.	Learning difficulties:
☐ Current	☐ Previous	☐ Never	36.1	ADD or ADHD
☐ Current	☐ Previous	☐ Never	36.2	Dyslexia
☐ Current	☐ Previous	☐ Never	36.3	Pervasive developmental disorder (Asperger's disorder, autism)
☐ Current	☐ Previous	☐ Never	36.4	Reading disorder
☐ Current	☐ Previous	☐ Never	36.5	Other learning disorders (including speech disorders)
			37.	Emotional difficulties:
☐ Current	☐ Previous	☐ Never	37.1	Anxiety
☐ Current	☐ Previous	☐ Never	37.2	Bipolar disorder
☐ Current	☐ Previous	☐ Never	37.3	Depression
☐ Current	☐ Previous	☐ Never	37.4	Obsessive-compulsive disorder
☐ Current	☐ Previous	☐ Never	37.5	Panic attacks
☐ Current	☐ Previous	☐ Never	37.6	Separation anxiety (homesickness)
☐ Current	☐ Previous	☐ Never	37.7	Other changing moods, anxieties, nervousness, or depressions
☐ Current	☐ Previous	☐ Never	38.	Difficulty in relationships due to temper, moods, or habits (fights or aggressive behavior)
☐ Current	☐ Previous	☐ Never	39.	Schizophrenia or psychosis
☐ Current	☐ Previous	☐ Never	40.	Eating disorders—anorexia, bulimia, or obesity
☐ Current	☐ Previous	☐ Never	41.	Abuse of or dependency on prescription or over-the-counter medications, recreational drugs, or alcohol
☐ Current	☐ Previous	☐ Never	42.	Been a victim of physical, sexual, or emotional abuse
☐ Current	☐ Previous	☐ Never	43.	Undiagnosed aches and pains
☐ Current	☐ Previous	☐ Never	44.	Counseling, treatment, or hospitalization for emotional problems
☐ Current	☐ Previous	☐ Never	45.	Other emotional problems
☐ Current	☐ Previous	☐ Never	46.	Endometriosis, painful menstruation, abnormal vaginal discharge, uterine or ovarian tumors or cysts
☐ Yes	☐ No		47.	Can work 12 to 15 hours per day, walk 6 to 8 miles per day, ride a bicycle 10 to 15 miles per day, and climb stairs daily
☐ Yes	☐ No		48.	Will receive immunizations

Declaration and Authorization by Missionary Candidate

I declare that the statements made in the Personal Health History of Missionary Candidate are a complete and honest report of my health history. No personal health information has been withheld or misrepresented.

I hereby authorize The Church of Jesus Christ of Latter-day Saints to collect, process, and transfer to other countries for Church purposes my personal data, including explicit sensitive data, in accordance with the Church Data Privacy Policy.

Missionary candidate's signature	Date
Parent or guardian's signature	Date