**South- North Volunteer Program of Bremen Mission
Medical Examination Form (for completion by doctor)**

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| Name of applicant:  |
| Date of birth:  |
|[ ]  male |[ ]  female |[ ]  divers |

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| How long have you known the applicant?  |
| Have you attended him/her professionally? [ ]  yes [ ]  noIf yes, what complaint?  |

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| How is the general condition?  |
| Pulse rate:  |
| Blood pressure:  |
| Result of chest X-ray:  |

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| Any family history of disease?  |
| Any serious operations, injuries or illness in the past?   |
| What infectious diseases has the applicant had?   |

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| Any eye defects? [ ]  yes [ ]  noIf yes, are spectacles worn and satisfactory?  |
| Any ear disease? [ ]  yes [ ]  noIf yes, please specify:  |
| Any hearing defect? [ ]  yes [ ]  noIf yes, please specify:  |
| Are mouth and throat healthy? [ ]  yes [ ]  noIf no, please specify:  |
| Are teeth well cared for? [ ]  yes [ ]  noIf no, please specify:  |
| Are heart and lung healthy? [ ]  yes [ ]  noIf no, please specify:  |
| Any abdominal signs or symptoms? [ ]  yes [ ]  noIf yes, please specify:  |

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| Is the applicant vaccinated against the following diseases? |
| Tetanus | [ ]  yes  | [ ]  no | If yes: When?  |
| Diphtheria | [ ]  yes  | [ ]  no | If yes: When?  |
| Pertussis | [ ]  yes  | [ ]  no | If yes: When?  |
| Measles | [ ]  yes  | [ ]  no | If yes: When?  |
| Mumps | [ ]  yes  | [ ]  no | If yes: When?  |
| Rubella | [ ]  yes  | [ ]  no | If yes: When?  |
| Polio | [ ]  yes  | [ ]  no | If yes: When?  |
| Hepatitis | [ ]  yes  | [ ]  no | If yes: When?  |
| Covid-19 | [ ]  yes  | [ ]  no | If yes: When?  |
| **If available, please attach a copy documenting the vaccination status.** |

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| Any signs of hernia?  |
| Urine:  |
| Any albumen?  |
| Any sugar?  |
| Any organic, nervous or other disorders?  |
| Any functional disorders?  |

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| Is the applicant emotionally well balanced? [ ]  yes [ ]  noIf no, please specify:  |
| Is there any history of depression? [ ]  yes [ ]  noIf yes, please specify:  |
| Is there any tendency to depression? [ ]  yes [ ]  noIf yes, please specify:  |
| Do you have any knowledge of the applicant’s life-style and is there any evidence of abuse of alcohol or drugs? [ ]  yes [ ]  noIf yes, please specify:  |
| Do you consider that there are any medical reasons why the applicant should not go abroad for 12 months? [ ]  yes [ ]  noIf yes, please specify:  |

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| Does the applicant need any special diet or regular medical treatment of any kind? [ ]  yes [ ]  noIf yes, please specify:  |

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| Name of examiner:  |
| Address of examiner:  |
| Date:  |
| Signature of examiner  |