

Confidential health form

Youth With A Mission Tampa Bay

TO THE STUDENT: This information is treated as confidential. Please answer in English using an ink pen.

1. Your name

Mr. Mrs. Miss. Ms.
Surname

First Name

2. Physical Assessment

Height (cm)

Weight (Kg)

Blood Type (A,B,O)

3. Personal History - Please answer all of the questions and comment on all questions with a "Yes" answer in the space provided below.

4. Do you have any condition that would prevent you from participating in daily exuberant singing, acting and dancing performances.

5. Have you ever had an allergic reaction to:

NSAID's (Pain Killers)

Penicillin

Sulphonamides

Serum

Hay fever/Asthma

Food

Others(Specify)

6. Medical Treatment

Please specify any condition that is currently under treatment by a doctor.

7. What Medication/ Prescribed Drugs are you currently taking? Is there anything we need to know?

8. Mental/ Nervous Disorders

Please give details of any depression or other mental or nervous disorders you have had.

Please list any medications you currently take regarding this.

9. Are you currently addicted to cigarettes, any kind of tobacco products, or alcohol?

Yes No

If yes, please explain:

10. Have you ever experimented with or been addicted to illegal drugs?

Yes No

If Yes, please explain the type of drugs, length of use, date last used and treatment, including any ongoing treatment.

YWAM has a policy of no illegal drugs, smoking, use of any tobacco product, or the abuse of alcohol at any time, during the duration of the school. You will need to stop smoking, using any tobacco products or abusing alcohol, a minimum of one month before your arrival.

Any use of illegal drugs will need to stop immediately and you must undergo treatment if this has become an addiction, before you will be considered for this program.

References and a signed agreement will also be needed after withdrawals and healing. Any use of illegal drugs during the school will be cause for immediate dismissal. Student would be sent home at their own expense.