

- 12 ___ ___ Nervous disorders, schizophrenia, neurosis, psychosis, mental trauma?
- 13 ___ ___ Have you ever been admitted for psychiatric treatment? Have you ever been treated or seen by a psychiatrist, psychologist, social worker, or counselor as an in or outpatient?
- 14 ___ ___ Night sweats, fever?
- 15 ___ ___ Joint pain, arthritis, rheumatoid arthritis, broken bones?
- 16 ___ ___ Back trouble/pain, neck pain/trouble, fractured back, paralysis?
- 17 ___ ___ Rheumatic fever, scarlet fever, sickle cell disease?
- 18 ___ ___ Thyroid disease, hypothyroid, hyperthyroid, thyroid crisis, thyroid surgery?
- 19 ___ ___ Tuberculosis (TB)
- 20 ___ ___ Unexplained weight loss, weakness, tiredness, chronic fatigue syndrome, and fibromyalgia?
- 21 ___ ___ Venereal disease (Syphilis, gonorrhea, etc.)
- 22 ___ ___ Jaundice
- 23 ___ ___ Any kidney trouble, bladder infections, kidney infections, blood in the urine, kidney transplant?
- 24 ___ ___ Stomach or intestinal trouble, Crohn's Disease, colitis, frequent bouts of diarrhea, nausea, vomiting, indigestion, hiatal hernia, ulcers, etc.?
- 25 ___ ___ Cancer? Please specify below.
- 26 ___ ___ Any broken bones? Please list below the date, cause, and outcome.
- 27 ___ ___ Any accidents? Please list below the date, cause, and outcome.
- 28 ___ ___ Any surgery? Please specify type of surgery, the date, and the outcome.
- 29 ___ ___ Are you now or have you ever been under the care of a physician? Please specify below.
- 30 ___ ___ Are you allergic to any medications or to any substance? Please list below if yes.
- 31 ___ ___ Are you now taking any medication? Please specify below.
- 32 ___ ___ (If female) Are you pregnant? What trimester? How many children do you have?
- 33 ___ ___ Have you ever abused any substance? How recently? Treatment? Outcome? Please specify below.
- 34 ___ ___ Have you ever suffered from or been treated for depression? Please specify below.
- 35 ___ ___ Have you ever experienced any significant mood swings? Please specify below.
- 36 ___ ___ Childhood diseases? (mumps, measles, chickenpox, whooping cough, etc.) Please list below.
- 37 ___ ___ Dental trouble/problems?
- 38 ___ ___ Please list below any other medical or dental information that is not specifically mentioned.

Number of Question

Illness Referred To/Date, Duration, Outcome

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#() _____

#() _____

#() _____

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#() _____

I understand that the Emmanuel Institute of Evangelism is an intensive and physically taxing course. I realize that I am responsible for my own health and any health care I may require during my course of study. I certify that I am physically able to fully participate in program for which I am applying.

Signature of Applicant _____ Date _____

Print Name _____