



Presbyterian Church of Aotearoa New Zealand

Candidate for Ministry Training Medical Assessment Form

This information is collected for the purposes of assessing candidates for National Ordained Ministry of Word and Sacrament in the Presbyterian Church of Aotearoa New Zealand.

The information is also forwarded to the Beneficiary Fund Committee whose Medical Panel will determine if the candidate is medically fit for acceptance into the Fund on ordination. National Ordained Ministers who receive a stipend must join the Beneficiary Fund, unless granted an exemption or deemed medically unfit for acceptance into the Fund.

Medical practitioners are requested to complete the candidate's medical history, undertake a physical examination and clearly state whether there is any recommended treatment or action.

The completed form should be included with your application documents and given to your Candidate Convener, or posted to: The Registrar, Knox Centre for Ministry and Leadership, Knox College, Arden Street, Opoho, Dunedin.

(Upon receipt, the Registrar will forward a copy of the completed form to the Secretary of the Beneficiary Fund Committee)

This section (page 1) to be completed by candidate

Your full name _____
underline surname

Postal address _____

Phone number (____) _____ Mobile (____) _____

Email address _____

Date of birth _____ Gender _____ Marital Status _____

Parish _____

Presbytery _____

Current occupation _____

Previous occupations _____

Usual doctor _____

Doctor's address _____

I declare that, as far as I am aware, the information given in this form is true and complete. I understand that my medical assessment will be made available to the Beneficiary Fund Committee to determine my medical fitness for acceptance into the Fund on ordination.

Signature of candidate _____ Date _____

Signature of witness _____ Date _____

Name of witness (please print) _____

This section (pages 2, 3, 4) to be completed by medical practitioner

List current medical conditions, and those occurring within the past two years

List current treatments, investigations or tests within the past five years

Note physical disabilities (including hearing and eyesight)

Indicate whether the candidate has ever had significant sickness, accident or surgery requiring medical treatment and/or hospitalisation. Note briefly when this occurred and what treatment/management was undertaken.

Current smoker yes / no Type and no. per day _____
Past smoker yes / no Type and no. per day _____
Date of cessation _____

Indicate whether or not candidate has the following. (Note details on next page.)

cardiovascular or heart disease or rheumatic fever	yes	no	<i>circle one</i>
high blood pressure, angina or heart murmur	yes	no	
circulatory system disorder or disease	yes	no	
tuberculosis, asthma, bronchitis or other respiratory condition	yes	no	
ulcer, colitis, indigestion, gastro-intestinal or bowel condition	yes	no	
kidney, liver or bladder disease or disorder, hepatitis	yes	no	
stroke, epilepsy, migraines, seizures or dizzy spells	yes	no	
cancer, cyst, abnormal exam, smear, tumour or growth	yes	no	
diabetes, gout, thyroid disorder or blood disorder	yes	no	

Physical Examination

Height _____ cm Weight _____ kg Pulse _____ Blood Pressure _____

General observation _____

Cardiovascular system _____

Respiratory system _____

Gastrointestinal system _____

Central nervous system _____

Locomotor system _____

Mental status _____

Please note any instructions (including use of prescribed medication) which you consider important for the candidate to minimize health risks and/or to enjoy optimal health.

Signed _____

Date _____

Name and address (printed) of medical practitioner

