



Urban Frontiers Mission

PHYSICIAN'S EVALUATION

Kuru Jantar 3 Gakok, Jos South, Plateau State, Nigeria

Name of Applicant: _____

TO THE PHYSICIAN:

The above-named person has applied for service with URBAN FRONTIERS MISSION. This programme will require good health and endurance. Please fill out the portion below and make any additional comments that we would need to know. Thank you.

Blood Pressure _____ Pulse _____

CG (Over 40) _____

Visual acuity: (Without glasses) R _____ L _____

(With glasses) R _____ L _____

Hearing: R _____ L _____

Are there any abnormalities with the following systems? Please describe fully.

Please describe:

Ears/Nose/Throat _____

Eyes _____

Neurological _____

Cardiovascular _____

Respiratory _____

Musculoskeletal _____

Endocrine _____

Lymphatic _____

Dermatological _____

Hernial Orifices _____

Gynaecological _____

Urological _____

Psychiatric _____

Would he/she be able to walk 5-10 kilometers per day? ___ Yes ___ No

Additional comments:

PHYSICIAN'S RECOMMENDATION:

Acceptable without limitations _____

Acceptable with limitations Specify: _____

Not acceptable (Should remain where adequate medical care is available) _____

Physician's name: (Print) _____

Address: _____

Phone: _____ Fax: _____

Physician's signature: _____ Date: _____

IMPORTANT

All students are encouraged to apply. generally about **one month prior** to the start of the programme.

Please send all forms or address inquiries to email : application@urbanfrontiersmission.org

Compassion for a harassed and helpless urban multitude