



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