

FULLSTATURE COLLEGE OF THE BIBLE AND MISSIONS



Kindly return to us the medical certificate duly filled up and certified by your doctor, if you are planning to attend.

CERTIFICATE OF HEALTH FULLSTATURE COLLEGE OF THE BIBLE AND MISSIONS

Name _____ Age _____ Sex _____
Address _____
Height _____ Weight _____
Blood pressure; Systolic _____ Diastolic _____
Vision: Corrected _____ Uncorrected _____
Hearing: Normal _____ Abnormal _____
Lungs and Heart: Any past history? _____ e.g. Tuberculosis
Blood Group _____
Asthma _____
Any recent surgery? _____
Any history of epilepsy? _____
Any special diet? _____
Mental Health, e.g. depression? _____
Schizophrenia? _____
Skindisease _____
Any drugs required? _____

FOR WOMEN DELEGATE: State whether pregnant Yes No
NB. If pregnant, you will be re-scheduled for a future session

SUMMARY OF EXAMINATION

(Indicate whether or not the candidate is capable of handling the strain and stress of travel & intensive study)

Date: _____

IMPORTANT: This Certificate of Health must
Be completed no more than 30 days before
Is submitted to Fullstature College of the Bible
Missions.

Signature of Physician
Address and Qualification

