



Medical Examination Form – Examining Physician Must Fill Out
(Must be turned in before board interview)

Name: _____ **Age:** _____ **Sex:** _____

Allergies: _____

Ongoing medical conditions and treatment: _____

Date of last tetanus inoculation: _____

General physical appearance: _____

Height: _____ **Weight:** _____ **B.P.** _____ **Pulse:** _____

HEENT _____

RESPIRATORY _____

CARDIOVASCULAR _____

ABDOMINAL _____

PELVIS _____

EXTREMITIES/JOINT _____

NEURO _____

SKIN _____

Summary

Any problems and/or Diagnoses: _____

Prescribed treatment: _____

Recommendation

Fitness for missionary service: _____

Precautions: _____

Further comments: _____

Date of examination: ____ / ____ / ____ **Signature:** _____ **MD**

Physician's name: _____ **Telephone Number:** _____

Address: _____

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