

Health Assessment Form

(To be completed by the applicant)

PERSONAL INFORMATION

Last Name:

First & Middle Names:

Age: D. O. B.: Nat. Reg. #:
(yr/mm/dd)

Address:

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In case of emergency please contact:

1. Name:
Relationship

Tel. No. *(Home)*: *(Work)*:

2. Name:
Relationship

Tel. No. *(Home)*: *(Work)*:

INFORMATION TO APPLICANT

This health assessment form is part of the application process and it is the applicant's responsibility to ensure that it is completed and returned to the Barbados Youth Service. Any expenses related to this process must be met by the applicant. The information contained in this form will be treated with confidentiality.

I consent to the disclosure of personal medical information of
(myself/name of applicant)
to the Barbados Youth Service.

Please sign below to indicate that you have read and agree to the above. *(If the applicant is under 18 years of age a parent or guardian must sign on his/her behalf.)*

Signature: Date:

Print Name:

The next section of this form is to be completed by a Medical Practitioner. In an effort to ensure that your medical information is current, it should not be completed before the month of June in this same year. Please note that all other documents should be submitted with your application and this Health Assessment Form can be submitted after.

The Barbados Youth Service

(Information for Medical Practitioner)

The Barbados Youth Service is a one year self-development programme. The programme includes an intense physical component in which all trainees are expected to participate. In addition, there is a three-month residential phase where the trainees actually live on our compound for the stated time period. In the interest of the applicant's personal health and safety we require that the following information be provided by a Medical Practitioner.

Medical Practitioner's Name:

Address:

Telephone:

Please indicate YES or No for each item. Where applicable, provide any necessary information in the space provided.

GENERAL HISTORY

Does the applicant have:

- Asthma Yes No
- Other respiratory problems Yes No
- Diabetes Yes No
- Heart Condition Yes No
- Chest Pains Yes No
- Hepatitis or other liver disease Yes No
- Seizures Yes No
- Bleeding or Blood Disorders Yes No
- Migraines Yes No
- Fainting Spells Yes No
- Nose Bleeds Yes No
- Visual Impairment Yes No
- Skin Condition Yes No
- Gastrointestinal Condition Yes No
- Any other condition Yes No

The Barbados Youth Service

MUSCULOSKELETAL INJURIES

Does the applicant presently have or have a history of:

- Knee, hip or ankle injuries Yes No
- Shoulder or arm injuries Yes No
- Back Injury Yes No
- Other joint problems Yes No
- Head Injury Yes No

ALLERGIES & MEDICATION

Does the applicant have:

- Any allergies Yes No
- Allergies to any medications Yes No
- Current medication Yes No
- If yes, please specify medication and dosage

Medical Examination findings or any other comments

Do you believe that this applicant is medically fit to successfully participate in this programme?

- Yes No

Medical Practitioner's Signature:

Please print or stamp name:

Date: