

Missionaries for The Church of Jesus Christ of Latter-day Saints serve in various environments and cultures throughout the world. They are normally expected to engage in missionary activities many hours per day, including walking many miles a day, six days a week. The rigors of a mission usually exacerbate any prior difficulties. Please use the following guidelines in examining the missionary candidate:

1. The Physician's Health Evaluation of Missionary Candidate form must be signed by a medical doctor (MD) or doctor of osteopathy (DO). If the examination is done by a physician assistant (PA) or nurse practitioner (NP), the supervising physician must verify the findings and review and countersign the form. An examination by any other practitioner is not acceptable.
2. Please perform a thorough physical examination to ensure that missionaries receive assignments in which they can succeed. It is unfortunate when a missionary must return home early because of problems that could have been avoided or stabilized before the mission.
3. Correct any problems such as plantar warts, flat feet, chronic headaches, or inguinal hernias before the missionary candidate leaves for his or her mission. Explain to the candidate any problems that do not need correcting, such as a deviated nasal septum, varicocele, pilonidal disease, and so on, in case a physician in his or her mission insists that such a condition must be surgically corrected.
4. Stabilize chronic problems such as asthma, diabetes, seizures, emotional disorders, irritable bowel, endometriosis, and so on. Carefully instruct the candidate on the treatment for these problems, and explain personal care under diverse circumstances. Also explain the importance of continuing to take any prescribed medications.
5. Do not sign the Physician's Health Evaluation of Missionary Candidate form without reviewing the Personal Health History of Missionary Candidate form with the candidate. Please comment on each abnormality listed by the candidate.
6. When a major illness, operation, injury, hospitalization, or prolonged treatment is mentioned, please obtain a summary report of the incident from the professional who treated the case. This report should accompany the candidate's application.
7. Obtain necessary consultations to clarify the candidate's ability to function in the mission field as well as his or her current physical and emotional status where advisable.
8. Complete all specified laboratory tests. Everyone, including those who have had BCG vaccine or a chest X ray, should have a PPD skin test. Only those already known to be positive are exempted.
9. Please mark the appropriate box indicating the candidate's overall ability to function in the mission field on the "Missionary Fitness Report: Overall Assessment of Functional Ability."

**Physician's Health Evaluation**

MISSIONARY DEPARTMENT  
50 E NORTH TEMPLE ST RM 345 W  
SALT LAKE CITY UT 84150-5400

**To the physician:** Please *type, print, or write legibly in black ink* when completing this form. Attach additional information if necessary. When you have completed the form, mail it and a copy of the Personal Health History of Missionary Candidate form directly to the candidate's bishop or branch president, using the envelope provided by the candidate. Your thorough evaluation and completion of all requested forms, information, and recommendations will be greatly appreciated. Where mail is unreliable, give the forms in a sealed envelope to the missionary candidate.

Missionary candidate's name (first)		(middle)	(last)	(suffix)	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Height (in inches or centimeters) <input type="checkbox"/> in. <input type="checkbox"/> cm.		Weight (in pounds or kilograms) <input type="checkbox"/> lbs. <input type="checkbox"/> kg.		Blood pressure / Pulse	Vision (with corrective lenses, if required) Left Right	
1. General appearance <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal				If abnormal, give specific details and indicate functional capacity (referring to item number).		
2. Skin <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal						
3. Eyes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal						
4. Ears (audiogram and balance if necessary) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal						
5. Nose, throat, neck, and thyroid <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal						
6. Chest and lungs <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal						
7. Heart and blood vessels (murmurs) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal						
8. Abdomen (masses, liver, and spleen) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal						
9. 1. Rectal area, varicocele, and hernia <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal						
10. Back (history of pain, disability, treatment; also pilonidal disease) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal						
11. Upper extremities <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal						
12. Lower extremities <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal						
13. Neurological system <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal						
14. (Women only) breasts <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal						
15. (Women only) pelvic area, including Pap test (if over 40 or indicated by history) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal						
16. Comment on abnormalities noted in history or physical exam regarding: 16.1. Epilepsy 16.2. General medical problems 16.3. Surgical problems 16.4. Learning, memory, or communication disorders 16.5. Emotional, psychological, or psychiatric disorders 16.6. Abuse of prescription medicines, illegal drugs, or alcohol 16.7. Consultations requested						
17. Urinalysis (tests for specific gravity, protein and sugar are all required)						
Specific gravity (required)						
Dipstick—protein (required)						
Dipstick—sugar (required)						
Microscopic (if protein abnormal)						
18. Hemoglobin or hematocrit (circle the type and enter the test result) <input type="checkbox"/> Hematocrit <input type="checkbox"/> Hemoglobin						
19. Blood Type _____ Rh factor _____						
20. PSA (males over 50)						

# Physician's Health Evaluation

Missionary candidate's name (first)	(middle)	(last)	(suffix)	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
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<p>21. Mammogram (within last year for females over 40)</p> <hr/> <p>22 Tuberculosis testing (PPD-10TU)—required for all (including those who had BCG vaccine and those who are known to be positive)</p> <p>Millimeters of induration (required) _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive (If 10 or greater, chest X ray required)</p> <p>23. Chest X ray taken <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. INH is prescribed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If INH is prescribed for a PPD converter, treatment should be started as soon as possible. If active disease is found, missionary service must be delayed until treatment is completed. If prescribed, date when treatment will be completed:</p> <hr/> <p>25. Immunization Dates</p> <p>Tetanus/diphtheria _____</p> <p>MMR1 _____ MMR2 _____</p> <p>Polio _____</p> <p>Hepatitis A #1 _____ #2 _____</p> <p>AND hepatitis B #1 _____ #2 _____ #3 _____</p> <p>OR combined hepatitis A and B #1 _____ #2 _____ #3 _____</p>	<p>If abnormal, please give specific details and indicate functional capacity (referring to item number).</p>
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**Missionary Fitness Report: Overall Assessment of Functional Ability** Based on a review of the missionary candidate's history, your personal interview, a physical examination, and a review of laboratory findings, indicate the candidate's ability to function at various levels of activity as a missionary below.

<input type="checkbox"/> Level A—No limitation	<input type="checkbox"/> Level B—Slight limitation	<input type="checkbox"/> Level C—Moderate limitation	<input type="checkbox"/> Level D—Marked limitation	<input type="checkbox"/> Level E—Not appropriate
No limitation of activity in lifting, carrying, walking 6 or more miles per day, or spending 12 to 16 hours per day in missionary activity.	Slight limitation of activity; slight decrease of function or stamina, such as problems with walking (limited to 3-6 miles per day) or with extensive standing.	Moderate limitation of activity; moderate decrease of function or stamina; requires limited walking (0-3 miles per day) or sedentary work.	Marked limitation of activity or has special requirements, such as specific climate, use of wheelchair, frequent rest periods, special medical needs, or medical visits.	Conditions exist for which corrective action has not been or cannot be taken, such as severe chronic pain, loss of stamina, or recurring conditions.

Additional comments

Physician's signature _____ <input type="checkbox"/> MD <input type="checkbox"/> DO	Name of physician	<input type="checkbox"/> The exam was performed within the last 12 months.
Physician's office address	City	State or province
Country	Postal code	District (if any)
Office phone (with area code)	E-mail address (if available)	

**Authorization to Release Information**

I authorize the examining physician to release the information contained in the Personal Health History of Missionary Candidate and the Physician's Health Evaluation of Missionary Candidate to my bishop or branch president and the Missionary Department of The Church of Jesus Christ of Latter-day Saints. I am aware that the information will be screened by physicians. I am aware that the information may be used in assessing assignments as part of my missionary call. I hereby release the examining physician from all legal liabilities that may arise from the release or use of the information by The Church of Jesus Christ of Latter-day Saints or its agents.

Missionary candidate's signature	Date
Witness's signature	Date