THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS

Instructions for Physicians Evaluating Missionary Candidates

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 recommendation.
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.
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."

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Physician's Health Evaluation for Prospective Missionary

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.

Full legal name (first) (middle) (last) (suffix)	Record number	Age	Gender ☐ Female ☐ Male

Height (in inches or centimeters) ☐ in. ☐ cm.	Weight (in pounds or kilograms) ☐ lbs. ☐ kg.	Blood pressure /	Pulse	Vision (with corrective lenses, if required) Left Right

	If abnormal, please give specific details and indicate functional capacity (referring to item number).
1. General appearance ☐ Normal ☐ Abnormal	
2. Skin ☐ Normal ☐ Abnormal	
3. Eyes ☐ Normal ☐ Abnormal	
4. Ears (audiogram and balance if necessary) ☐ Normal ☐ Abnormal	
5. Nose, throat, neck, and thyroid ☐ Normal ☐ Abnormal	
6. Chest and lungs ☐ Normal ☐ Abnormal	
7. Heart and blood vessels (murmurs) ☐ Normal ☐ Abnormal	
8. Abdomen (masses, liver, and spleen) ☐ Normal ☐ Abnormal	
9.1. Genitalia, varicocele, hernia, and rectal area ☐ Normal ☐ Abnormal	
9.2. Prostate (if males over 40) ☐ Normal ☐ Abnormal	
10. Back (history of pain, disability, treatment; also pilonidal disease) ☐ Normal ☐ Abnormal	
11. Upper extremities ☐ Normal ☐ Abnormal	
12. Lower extremities ☐ Normal ☐ Abnormal	
13. Neurological system ☐ Normal ☐ Abnormal	
14. (Women only) breasts ☐ Normal ☐ Abnormal	
15. (Women only) Reproductive organs, female: pelvic examination required only if symptomatic, previously sexually active, or over age 40 (including PAP test completed within last 2 years). ☐ Normal ☐ 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	

Physician's Health Evaluation for Prospective Missionary

Full legal name (first) (middle) (last) (suffix)	Record number	Age	Gender
			☐ Female ☐ Male

17. Urinalysis (enter actual test results, not "normal")

Dipstick—blood (required) ☐ Negative ☐ Positive

Dipstick—protein (required)

Dipstick—sugar (required)

Microscopic (if dipstick abnormal)

18. Hemoglobin or hematocrit (check the type and enter the test result)

☐ Hematocrit (%) ☐ Hemoglobin (g/dl)

20. PSA testing (recommended for males over 50)

21. Mammogram (within last year for females over 40)

22. Tuberculosis (TB) screening (PPD skin test or interferon test or X-ray) is required for all prospective missionaries, including those who had BCG vaccine and/or those who are known to be skin-test positive. Where PPD or interferon are not available, a chest X-ray is required.

A chest X-ray is also required in any of the following circumstances:
1. The prospective missionary has a low TB risk and the PPD is 15mm or greater.
2. The prospective missionary has a high TB risk and has a PPD of 10mm or greater.
3. The interferon test is positive.

22.1 TB exposure risk: Has the prospective missionary been exposed to any person with active tuberculosis, or lived or worked in a circumstance of high tuberculosis incidence such as a country, health care facility, shelter, jail, or reservation?

☐ Yes ☐ No

22.2 PPD millimeters of induration

_____ mm ☐ Not Done

22.3 Interferon results

☐ Negative ☐ Positive ☐ Not Done

22.4 Chest X-ray results

☐ Normal ☐ Abnormal ☐ Not Done

22.5 TB comments / follow-up plan (required if X-ray is abnormal)

25. Is the prospective missionary currently taking any medication or is there any other factor that might impair their ability to drive?

☐ Yes ☐ No

26. Immunization Dates: *All* missionaries, including those serving in their resident countries, require immunizations for tetanus/diphtheria and hepatitis A and B. In addition, missionaries born after 1957 also require immunizations for measles/mumps/rubella (MMR 1 and 2) and Polio. However, the immunizations are not required to complete this form but should be completed as soon as possible before entering the MTC.

Tetanus/diphtheria _____

MMR1 _____ MMR2 _____

Polio _____

Hepatitis A #1 _____ #2 _____

AND hepatitis B #1 _____ #2 _____ #3 _____

OR combined hepatitis A and B #1 _____ #2 _____ #3 _____

If abnormal, please give specific details and indicate functional capacity (referring to item number).

Physician's Health Evaluation for Prospective Missionary

Full legal name (first)	(middle)	(last)	(suffix)	Record number	Age	Gender
						☐ Female ☐ Male

Missionary Fitness Report: Overall Assessment of Functional Ability Based on a review of the prospective missionary's history, your personal interview, a physical examination, and a review of laboratory findings, indicate the prospective missionary's ability to function at various levels of activity as a missionary below.

☐ Level A—No limitation	☐ Level B—Slight limitation	☐ Level C—Moderate limitation	☐ Level D—Marked limitation	☐ 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 ☐ MD ☐ DO	Name of physician	Date
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

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Personal Health History of Missionary Candidate

Your full legal name (first)	(middle)	(last)	(suffix)	Record number	Date of birth (Age)	Gender

Please answer all of the following questions. Be honest with yourself, your physician, and the Lord. Major difficulties may result if this information is not complete and accurate. Please do not withhold or deny any medical information.

Key: Current = is currently occurring; Previous = occurred previously, but is now resolved; Never = has never occurred

☐ Current	☐ Previous	☐ Never	1.	Persisting difficulties from serious injury or deformity of your head or repeated concussions
☐ Current	☐ Previous	☐ Never	2.	Sight impairment, glaucoma, or cataracts (need for glasses or contacts; chronic eye infection)
☐ Current	☐ Previous	☐ Never	3.	Problems with hearing normal conversation (require a hearing aid)
☐ Current	☐ Previous	☐ Never	4.	Recurrent sinusitis, sore throat, ear infections, or nasal obstruction
☐ Current	☐ Previous	☐ Never	5.	Lung disease, emphysema, tuberculosis, shortness of breath, spitting or coughing up blood or colored sputum, or collapsed lung
☐ Current	☐ Previous	☐ Never	6.	Hay fever or allergies
☐ Current	☐ Previous	☐ Never	7.	Asthma
☐ Current	☐ Previous	☐ Never	8.	High blood pressure, irregular heart rhythm, heart pain, coronary artery disease, congenital heart disease, or cardiomyopathy
☐ Current	☐ Previous	☐ Never	9.	Varicose veins or thrombophlebitis
☐ Current	☐ Previous	☐ Never	10.	Heartburn, reflux, ulcers, irritable bowel, chronic diarrhea, rectal bleeding, ulcerative colitis, Crohn's disease, or celiac disease or gluten intolerance
☐ Current	☐ Previous	☐ Never	11.	Gall bladder disease or stones, hepatitis, or cirrhosis or other liver problems
☐ Current	☐ Previous	☐ Never	12.	Rupture (hernia) or varicocele
☐ Current	☐ Previous	☐ Never	13.	Diabetes
☐ Current	☐ Previous	☐ Never	14.	Hypoglycemic attacks
☐ Current	☐ Previous	☐ Never	15.	Thyroid or other hormonal problems or unexplained weight loss
			16.	Kidney or urinary difficulties
☐ Current	☐ Previous	☐ Never		16.1 Kidney or urinary disease or stones, repeated urinary infections, burning or frequent urination, or difficulty urinating
☐ Current	☐ Previous	☐ Never		16.2 Incontinence or enuresis (bed wetting). Mark current if you have had symptoms or treatment within the past year.
☐ Current	☐ Previous	☐ Never	17.	Sexually transmitted disease
☐ Current	☐ Previous	☐ Never	18.	Skin condition, such as eczema, psoriasis, or cancer
☐ Current	☐ Previous	☐ Never	19.	Acne requiring treatment
☐ Current	☐ Previous	☐ Never	20.	Sensitivity to the sun
☐ Current	☐ Previous	☐ Never	21.	Tattoos
☐ Current	☐ Previous	☐ Never	22.	Back or neck injury, arthritis in back or neck, spondylitis, chronic back or neck pain, or difficulty lifting things
			23.	Upper extremity—loss of any part or deformity, paralysis, joint pain, arthritis, or other problem in:
☐ Current	☐ Previous	☐ Never		23.1 Shoulder
☐ Current	☐ Previous	☐ Never		23.2 Elbow
☐ Current	☐ Previous	☐ Never		23.3 Hand or wrist
☐ Current	☐ Previous	☐ Never		23.4 Other upper extremity
			24.	Lower extremity—loss of any part or deformity, paralysis, joint pain, arthritis, or other problem in:
☐ Current	☐ Previous	☐ Never		24.1 Foot
☐ Current	☐ Previous	☐ Never		24.2Ankle
☐ Current	☐ Previous	☐ Never		24.3 Knee
☐ Current	☐ Previous	☐ Never		24.4 Hip
☐ Current	☐ Previous	☐ Never		24.5 Other lower extremity (such as ingrown toenails)
			25.	Frequent or severe headaches:
☐ Current	☐ Previous	☐ Never		25.1 Migraine headaches
☐ Current	☐ Previous	☐ Never		25.2Tension or other headaches
☐ Current	☐ Previous	☐ Never	26.	Unconsciousness from head injury or interference with coordination or skilled movements; weakness or

		sensory loss from illnesses such as Parkinson's disease, multiple sclerosis, stroke, and so on
☐ Current ☐ Previous ☐ Never	27.	Fainting, dizziness, convulsions, seizures, or hyperventilation
☐ Current ☐ Previous ☐ Never	28.	Frequent feelings of being sick or easily tired, anemia, or bleeding tendency
☐ Current ☐ Previous ☐ Never	29.	Chronic fatigue syndrome or fibromyalgia syndrome
☐ Current ☐ Previous ☐ Never	30.	Insomnia, difficulty sleeping, or sleepwalking
☐ Current ☐ Previous ☐ Never	31.	Tumors, cancers, leukemia, chemotherapy, radiation therapy, or organ transplantation
☐ Current ☐ Previous ☐ Never	32.	Endometriosis, painful menstruation, abnormal vaginal discharge, uterine or ovarian tumors or cysts
	33.	Medications
☐ Current ☐ Previous ☐ Never		33.1 Currently taking medications (prescriptions, over-the-counter drugs, or vitamins and supplements)
☐ Current ☐ Previous ☐ Never		33.2 Reaction or allergy to drug or medication
☐ Current ☐ Previous ☐ Never	34.	Other diseases or problems with your physical health not already noted, including family history of HIV, AIDS, tuberculosis, or other disease
☐ Current ☐ Previous ☐ Never	35.	Surgery, hospitalization, or injuries not listed above
	36.	Learning difficulties:
☐ Current ☐ Previous ☐ Never		36.1 ADD or ADHD
☐ Current ☐ Previous ☐ Never		36.2 Dyslexia
☐ Current ☐ Previous ☐ Never		36.3 Diagnosis of autistic spectrum disorder (Aspergers, autism) or other developmental disorder
☐ Current ☐ Previous ☐ Never		36.4 Reading disorder
☐ Current ☐ Previous ☐ Never		36.5 Other learning disorders (including speech disorders)
	37.	Emotional difficulties:
☐ Current ☐ Previous ☐ Never		37.1 Anxiety
☐ Current ☐ Previous ☐ Never		37.2 Bipolar disorder
☐ Current ☐ Previous ☐ Never		37.3 Depression
☐ Current ☐ Previous ☐ Never		37.4 Obsessive-compulsive disorder
☐ Current ☐ Previous ☐ Never		37.5 Panic attacks
☐ Current ☐ Previous ☐ Never		37.6 Separation anxiety (homesickness)
☐ Current ☐ Previous ☐ Never		37.7 Other changing moods, nervousness, or self harm due to cutting, burning, scratching, etc.
☐ Current ☐ Previous ☐ Never	38.	Difficulty in relationships due to temper, moods, or habits (fights or aggressive behavior)
☐ Current ☐ Previous ☐ Never	39.	Schizophrenia or psychosis
☐ Current ☐ Previous ☐ Never	40.	Eating disorders—anorexia or bulimia
☐ Current ☐ Previous ☐ Never	41.	Abuse of or dependency on prescription or over-the-counter medications, recreational drugs, or alcohol
☐ Current ☐ Previous ☐ Never	42.	Been a victim of physical, sexual, or emotional abuse from which you still suffer effects
☐ Current ☐ Previous ☐ Never	43.	Undiagnosed aches and pains
☐ Current ☐ Previous ☐ Never	44.	Professional counseling, treatment, or hospitalization for emotional problems
☐ Current ☐ Previous ☐ Never	45.	Other emotional problems
☐ Yes ☐ No	46.	Are there any special considerations regarding your health and mobility (such as using a service or support animal, having a modified personal vehicle, or being unable to use public transportation)?
☐ Yes ☐ No	47.	Can work 12 to 15 hours per day, walk 6 to 8 miles per day, ride a bicycle 10 to 15 miles per day, and climb stairs daily
☐ Yes ☐ No	48.	Will receive immunizations