





**MINISTRY TO MINISTERS**  
*Sabbatical Program - Oblate School of Theology*  
**MEDICAL INFORMATION FORM (page 2)**



*All participants are required to complete each section. Registration will not be finalized without these forms. The information is strictly for the use of the Ministry to Ministers Program and will not be released without your knowledge or consent.*

**PERSONAL HISTORY**

Have you ever had:	Y	N
Scarlet Fever		
Measles		
German Measles		
Mumps		
Chicken Pox		
Malaria		
Venereal Disease		
Tuberculosis		
AIDS		
Surgeries:	Date	
1.		
2.		
3.		
4.		
Has your physical activity been restricted during the past five years? (Give reasons and durations)		
Have you ever had illness or injury or been hospitalized other than noted above? (give details)		
Have you been treated by a psychiatrist, psychoanalyst, psychologist, or similar practitioner for any mental, emotional, or nervous disorder within the last two years?		
Have ever been hospitalized for any mental, emotional or nervous disorder or placed in a mental health facility?		
Have you consulted or been treated by clinics, physicians, healers or other practitioners within the past five years (other than routine checkups)?		

SIGNATURE	DATE
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**PRIMARY CARE PHYSICIAN'S CONTACT INFORMATION**

Physician's Name (Please print)	
Address	Telephone number
City, State, Zip Code	Date