SBFM Health Form

BASIC INFO: **STARTING DATE OF SCHOOL APPLYING FOR:** ____________________

NAME OF APPLICANT: ____________________

MAILING ADDRESS (Street/Box #, City, State/Prov, Zip/Postal Code): ____________________

____________________ COUNTRY: ____________________

PHONE: ____________________ FAX: ____________________ EMAIL: ____________________

DATE OF BIRTH (mm/dd/yy): _____/_____/_____ SOCIAL SECURITY #: ____________________

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME OF CONTACT: ____________________

MAILING ADDRESS (Street/Box #, City, State/Prov, Zip/Postal Code): ____________________

____________________ COUNTRY: ____________________

PHONE: ____________________ FAX: ____________________ EMAIL: ____________________

MEDICAL INSURANCE:

NAME OF INSURER: ____________________ MEDICAL INSURANCE #: ____________________

PERSONAL HISTORY:

HEIGHT: ______________ WEIGHT: ______________ BLOOD TYPE: ______________

YOU WOULD RATE YOUR HEALTH CONDITION AS: _______EXCELLENT _______GOOD _______FAIR _______POOR

HAVE YOU EVER BEEN INVOLVED, WITH THE FOLLOWING? IF YES - EXPLAIN, AND LIST MOST RECENT DATES OF USE.

ALCOHOL: ____________________

SMOKING: ____________________

ILLEGAL DRUGS: ____________________

HAVE YOU EVER HAD ANY OF THE FOLLOWING COMMUNICABLE DISEASES?

YES	NO		YES	NO		YES	NO	
		CHICKENPOX			MUMPS			TUBERCULOSIS
		MEASLES (RUBELLA)			PERTUSSIS			OTHER (SPECIFY)
		MEASLES (RUBEOLA)			SCARLET FEVER			

HAVE ANY OF YOUR RELATIVES EVER HAD ANY OF THE FOLLOWING?

YES	NO		YES	NO		YES	NO	
		TUBERCULOSIS			HEART DISEASE			STOMACH DISEASE
		DIABETES			HYPERTENSION			EPILEPSY
		KIDNEY DISEASE			ARTHRITIS			CANCER

PLEASE ANSWER ALL QUESTIONS. COMMENT ON ALL "YES" ANSWERS IN THE SPACE BELOW, OR ON A SEPARATE SHEET OF PAPER. HAVE YOU EVER HAD ANY OF THE FOLLOWING?:

YES	NO		YES	NO		YES	NO	
		Skin Conditions			Heart Trouble			Jaundice
		Eye Trouble			High Blood Pressure			Hepatitis
		Ear Trouble			Low Blood Pressure			Intestinal Trouble
		Head Injury			Arthritis			Recurrent Diarrhea
		Recurrent Headaches			Back Problems			Diabetes
		Epilepsy			Dislocation of Joint			Kidney Disease
		Fainting Spells			Tumor/Cancer			Anemia
		Mental Disorders			Stomach Ulcer			Venereal Disease
		Nervous Disorders			Gall Bladder Problems			A.I.D.S.
		Paralysis			Surgery			FEMALES ONLY
		Insomnia			Appendectomy			Irregular Periods
		Shortness of Breath			Tonsillectomy			Severe Cramps
		Hay Fever/Asthma			Hernia Repair			Excessive Flow
		Allergies (specify)			Other (specify)			Are you pregnant?

IF YES PLEASE EXPLAIN: ____

IMMUNIZATIONS (Basic Booster and most recent):

	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR
Diphtheria						
Tetanus						
Pertussis						
Polio						
Rubella						
Rubeola						
Mumps						

ARE YOU CURRENTLY UNDER A DOCTOR OR HEALTH CARE PROFESSIONAL'S CARE FOR ANY CONDITION?

_____YES _____NO

IF YES, PLEASE EXPLAIN: ____________________

____

PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING:

____

____

*** A PHYSICIAN MUST FILL OUT THIS PORTION ***

(Absolutely required by the state of Hawaii for entrance - Tuberculosis Control)

Only one of the following are required:

1) Chest X-Ray:

Date: _____/_____/_____ Result: ____________________ Exam Facility: ____________________

2) Skin Test:

Date: _____/_____/_____ Result: ____________________ Exam Facility: ____________________

Physician's Name: ____

Mailing Address: ____

Phone: __________________ Fax: ____________________ Email: ____________________

CONSENT FOR TREATMENT

In case of emergency, I/we hereby agree to the performance of such treatment including anesthesia and surgery as the attending doctor or physician may deem necessary.

______________________ ______________________ ______________________

(Applicant's Name Printed) (Applicant's Signature) (Date)

______________________ ______________________ ______________________

(Parent or Guardian of those under 18) (Parent or Guardian Signature) (Date)

SBFM
Financial Form

START DATE OF SCHOOL APPLYING FOR: ______________

NAME OF APPLICANT: ____

DO YOU HAVE THE COMPLETE SCHOOL FEES OF $3650?: _____ **YES** _____ **NO**

IF YES, WHAT IS YOUR SOURCE?: ____

____

IF NO, HOW DO YOU PLAN ON PAYING FOR YOUR SCHOOL? PLEASE EXPLAIN?: ______________________

____

DO YOU HAVE ANY OUTSTANDING DEBTS?: _____ **YES** _____ **NO**

IF YES, PLEASE EXPLAIN: ____

____

I/we understand that payment of the required school tuition must be paid in U.S. CURRENCY prior to or upon my arrival, unless otherwise approved in writing by the school director before my departure for Hawaii. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with Youth With A Mission. I will abide by the Spirit, rules, and schedule of the school.

______________________________ Date: _____/_____/_____

(APPLICANT'S SIGNATURE) (MM/DD/YY)

______________________________ Date: _____/_____/_____

(PARENT OR LEGAL GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE) (MM/DD/YY)

RELATIONSHIP TO APPLICANT: ______________________

SBFM
Waiver of Liability and Release

STARTING DATE OF SCHOOL APPLYING FOR: ____________________

I, the undersigned, individually hereby release YOUTH WITH A MISSION (herein after YWAM), it's staff, agents, employees, and representatives, from all claims, causes of action or lawsuits relating to or resulting from activities or events involving YWAM. I hereby acknowledge and agree that I am personally aware of all risks associated with or related to missions work, sporting events, training, traveling, interaction with foreign people and nations and all activities which are part of the YWAM program. I agree to assume all risk of injury or loss that may occur or be related to in any other manner to YWAM or the activities I may engage in while with YWAM.

This Release shall apply to all claims for physical and/or mental injury, attorney's fees, costs and expenses of litigation, claims for loss of consortium, medical expenses, loss of earning, punitive damages, and all other claims whatsoever, which may result from or be in any manner related to YWAM.

I further promise to agree to indemnify, defend, and forever hold harmless YWAM, it's staff, agents, employees, and representatives against all claims, actions, cross-claims, or third-party claims arising from or ins any manner related to YWAM - whether such actions are brought by third-party claims arising from or in any manner related to YWAM or whether such actions are brought by third parties or anyone acting on behalf of myself.

In the event that YWAM files any action to enforce the provisions, releases and covenants of this agreement, YWAM shall be entitled to all reasonable attorney's fee and costs of such enforcement proceeding.

BY SIGNING THIS RELEASE, IN UNDERSTAND THAT I AM RELEASING ALL CLAIMS FOR INJURY OR DAMAGE.

______________________________ Date: _____/_____/_____

(APPLICANT'S SIGNATURE) (MM/DD/YY)

______________________________ Date: _____/_____/_____

(PARENT OR LEGAL GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE) (MM/DD/YY)