Medical Examination

Required Under TITLE III, CANON 4, Sec. 2e("of Postulants for Holy Orders"), Under TITLE III, CANON 6, Sec. 3 ("of Ordination to Deacons"), Under TITLE III, CANON 12, Sec. 1c ("of Clergy Ordained by Bishops of Other Churches in Communion with This Church"), and Under TITLE III, CANON 22, Sec. 3b ("of the Election and Ordination of Bishops") of the Consitution and Canons (1994) for the Government of the Episcopal Church.

Name		Date of Birth
Your Home Address		Phone Number/Fax Number
Marital Status	Children and Ages	
Notify in Case of Illness		Phone Number/Fax Number
Personal Physician	Physician's Address	Phone Number/ Fax Number

Please answer all questions below "Yes" or "No"; provide full details in space at bottom for any questions answered "Yes."

Have You	Yes	No
1. Ever been rejected or paid extra money for insurance?	☐	☐
2. Ever received Wokmrn's Compensation or other disability benefits?	☐	☐
3. Been rejected for employment on account of any physical or mental condition?	☐	☐
4. Ever received prescription drugs for mental illness or substance abuse?	☐	☐
5. Ever been a patient in a hospital?	☐	☐
6. Had any accidents, injuries or operations or contemplate any operation?	☐	☐
7. Received disability benefits or medical leave for any medical/psychiatric condition?	☐	☐
8. Had your medical or psychiatric fitness for a job or educational studies questioned by a supervisor or a supervising institution?	☐	☐
9. Ever left school or any position because of ill health?	☐	☐
10. Lost time from work or school in the past three years for medical reasons?	☐	☐

Provide *full details* here for all questions answered "Yes." *Full details* include the condition, dates and durations. List the question number when answering. Usa additional sheets if necessary.

Check the appropriate box for the disorders you have or have had in the past.

	Yes	No
Infections Diseases		
Pneumonia	☐	☐
Frequent Sore Throats	☐	☐
Dysentery (Chronic)	☐	☐
Infantile Paralysis (Polio)	☐	☐
Syphilis	☐	☐
Gonorrhea	☐	☐
Skin diseases or eczema	☐	☐
Fevers	☐	☐
Recurrent Chills	☐	☐
Lymph node enlargement	☐	☐
	Yes	**No**
Heart and Blood Vessels		
High or low blood pressure	☐	☐
Heart disease	☐	☐
Pain in chest	☐	☐
Rheumatic fever	☐	☐
Heart murmur	☐	☐
Palpitations	☐	☐
Shortness of breath	☐	☐
Swollen ankles	☐	☐
Anemia or blood disease	☐	☐
Coagulation disorder	☐	☐
Elevated cholesterol	☐	☐
	Yes	**No**
Digestive System		
Ulcers	☐	☐
Jaundice	☐	☐
Hepatitis	☐	☐
Recurrent diarrhea	☐	☐
Bloody stools	☐	☐
Marked over or underweight	☐	☐
Recent weight loss	☐	☐
Gall bladder disease	☐	☐
Hernia (rupture)	☐	☐
	Yes	**No**
Genitourinary System		
Kidney disease	☐	☐
Kidney stones	☐	☐
Prostate disease	☐	☐
Bladder disease	☐	☐
Blood in urine	☐	☐
Pain in passing urine	☐	☐
Urinary tract infection	☐	☐

	Yes	No
Respiratory System		
Sinus Infection	☐	☐
Asthma	☐	☐
Hay Fever	☐	☐
Bronchitis	☐	☐
Pleurisy	☐	☐
Tuberculosis	☐	☐
Chronic cough	☐	☐
Chronic hoarseness	☐	☐
Coughing up blood	☐	☐
Tobacco use	☐	☐
	Yes	**No**
Nervous System		
Epileptic or other fits	☐	☐
Migraine	☐	☐
Meningitis	☐	☐
Mental or nervous diseases (family)	☐	☐
Mental or nervous diseases (self)	☐	☐
Dizzy spells	☐	☐
Fainting spells	☐	☐
Visual problems	☐	☐
Deafness	☐	☐
Ringing ears, hearing difficulty	☐	☐
Paralysis	☐	☐
Weakness of limbs	☐	☐
Numbness	☐	☐
	Yes	**No**
Miscellaneous		
Cancer	☐	☐
Lymphoma or Other Blood Disease	☐	☐
Diabetes or sugar disease (family)	☐	☐
Diabetes or sugar disease (self)	☐	☐
Thyroid disease	☐	☐
Foot problems	☐	☐
Back pain	☐	☐
Joint pain	☐	☐
Allergy to any food, medicine or injection	☐	☐
Blood transfusion	☐	☐
Arthritis	☐	☐
Use of nicotine on daily basis in the past five years.	☐	☐
Have you ever been a habitual user of any habit forming drugs or received treatment for alcholism of drug abuse?	☐	☐
Have you ever had any illnesses (mental or physical?) or accidents other than those mentioned?	☐	☐

I hereby declare that my answers to the above questions are full and true.

_____.
(full signature of applicant)

Signed at _____ in my presence,

This _____ day of _____, 2_____.

_____.
(Physician)

Outline for Physical Examination

1. (a) How long have you known applicant _____ (b) in what relationship? _____.

2. (a) height without shoes: _____ (b) weight: _____.

Vital Signs

Temperature _____ Pulse _____ Respiration _____ Blood Pressure _____.

Physical Examination: Check for within normal limits. Note positive findings in the space below.

Head

- Eyes: vision ☐
- conjunctivae and sclaerae ☐
- pupils size ☐
- reaction ☐
- equality ☐
- appearance ☐
- Ears: hearing ☐
- air and bone conduction ☐
- appearance of tympanic membrances ☐
- Nose: obstruction to breathing ☐
- septal deviation and/or perforation ☐
- discharge ☐
- Mouth: sores ☐
- dental status ☐
- appearance and palpation of mucosa, tongue, gums, floor of mouth ☐
- appearance of tonsils, pharynx ☐
- appearance and movement of uvula, palate, gag reflex

Lymph Nodes

- Enlargement, consistency and/or tenderness of cervical, axillary, epitrochlear, popliteal, and inguinal glands ☐

Chest

- Appearance and function of chest wall ☐
- Breasts: appearance, asymmetry, tenderness massess, nipple discharge ☐
- Lungs: type of respiration, character of breath sounds; presence of rales, rhonchi wheezes or rubs ☐

Heart

- Apex location, precordial movements of thrills ☐
- Auscultation:
  - Heart sounds: S1, S2, S3, S4 ☐
  - Presence of murmurs, clicks, rub, split sounds ☐
  - Radiation of murmurs ☐

Neck

- Palpable masses ☐
- Thyroid ☐
- Location of trachea ☐
- Venous engorgement ☐
- Bruits ☐
- Flexibility ☐

Pulses

- Carotids ☐
- Brachials ☐
- Radials ☐
- Femorals ☐
- Dorsalis pedis ☐
- Posterior Tibials ☐

Summary of positive findings:

Outline for Physical Examination

(con't from previous page)

Spine

- Mobility ☐
- Tenderness ☐
- Curvature ☐

Abdomen

- Appearance (distended, flat scaphoid) ☐
- Abnormal movements ☐
- Dilated veins ☐
- Stiae ☐
- Ausculation: bowel sounds ☐
  - bruits ☐
  - rubs ☐
- Percussion: distention ☐
  - organ size (liver, spleen, bladder) ☐
- Palpation: resistance ☐
  - tenderness ☐
  - rebound ☐
  - organs (liver, spleen, bladder) ☐
  - massess ☐
  - epigastric or incisional hernia ☐

Neurological

- Mental status ☐
- Cranial nerves ☐
- Cerebellar function ☐
- Muscle strength ☐
- Reflexes ☐
- Gait and station ☐
- Rapid Sensory exam including vibratory ☐

Extremities

- Skin Color ☐
- Temperature ☐
- Texture ☐
- Varicosities ☐
- Clubbing ☐
- Edema ☐
- Joint Motions ☐
- Muscular Abnormalities ☐
- Circumference ☐

Genital, Prostate or Pelvic Examination

List any abnormal findings:

Rectal Exam and Stool Sample

List any abnormal findings:

LABORATORY

- CBC _____
- Fasting Chem Profile _____
- U/A _____
- EKG (if indicated) _____
- PPD _____

On the basis of your examination, is the candidate free from any medical condition or other impediment that would render him/her unsuitable for the tasks of ordained ministry? (If you have any confidential informaation that would render the candidate unacceptable, please so indicate here and forward details to the Bishop by confidential communication.)

This report should be mailed by examiner directly to the Bishop, and the information should be treated as strictly confidential.

_____ M.D.
Examiner's Signature

_____
Address

_____
Phone Number/Fax Number