

**Medical Examination for the Ordination Process
Anglican Diocese of Pittsburgh**

Applicant Name: _____ **Date of Exam:** _____

Health History (to be completed by applicant):

Provide full details for all “yes” answers. Attach additional sheets if necessary, listing the question number with the response.

1. Please list any active or chronic medical conditions for which you are currently under a physician’s care such as high blood pressure, diabetes, heart disease, asthma, epilepsy or cancer?
2. Please list any past surgeries:
3. Please list any hospitalizations in the past 10 years both date and reason for admission:
4. Please list all medication, food, insect/ animal or other allergies:
5. Please list any prescription medications, over the counter, herbal, or vitamins you currently take or have taken in the past year, including the dosage, frequency of dose, and how long you have been on it:
6. Do you have a physical disability or a learning disability that affects your ability to read or write?
YES NO
7. Are you presently seeing a counselor or other medical professional for emotional or psychological support? YES NO
8. Have you ever received treatment for a psychiatric condition (depression, anxiety, bipolar disorder, eating disorders, etc.)? YES NO
9. Do you smoke? YES NO
10. Have you ever received treatment for alcohol, drug or other substance use? YES NO
11. Have you received Workmen’s Compensation or other disability benefits? YES NO
12. Have you ever been rejected for employment on account of any physical or mental condition?
YES NO
13. Have you ever lost time from work or school in the past three years for medical reasons?
YES NO
14. Is there any additional information that would be helpful for us to be aware of? YES NO
If YES, please describe:

This Section to be completed by Health Care Provider (MD, DO, CRNP, PA):

How long have you know the applicant and in what capacity?

Physical Examination:

Age: _____ Gender: M F

Height: Weight: BP: BMI:

General appearance:

HEENT:

Lungs:

CV:

ABD:

Ext:

Skin:

Neuro:

Recommendations:

Signature of Medical Provider & Date

Print Name & Credential of Medical Provider

Medical Office Address and Phone Number:

Upon completion, please mail to: Anglican Diocese of Pittsburgh
Commission on Ministry
Nova Tower 1, One Allegheny Center, Suite 650
Pittsburgh, PA 15212