

SSJ Volunteer Corps
9701 Germantown Avenue
Philadelphia, PA 19118-2694

MEDICAL FORM – (To be filled in following a physical examination, preferably by a doctor who has been involved with your ongoing comprehensive medical care.)

Applicant's Name: _____ **Date:** _____

The person named above is interested in making a one-year commitment to the SSJ Mission Corps, a faith based service program associated with the Sisters of Saint Joseph. Would you please complete the form below to let us know if there is any medical/health condition, of which we should be aware?

How long have you been the applicant's regular physician? _____

How long have you known the applicant? _____

1. Applicant's Date of Birth _____ Blood Pressure _____
Height _____ Weight _____
Vision Rt. _____ Lt. _____ Pulse seated _____/min.

2. Does the applicant or applicant's family have a history of the following? (List relationship, give dates and additional information.)

Diabetes _____ Heart Disease _____
Epilepsy _____ Arthritis _____
Drug/Alcohol _____ Respiratory Disorders _____
Eating Disorder _____ Other _____

Circle any abnormalities:

Rectum	Extremities	Lymph Nodes	Reflexes	Back
Genitals	Skin	Eyes	Ears	Throat
Blood Pressure	Chest	Breasts	Heart	
Lungs	Thyroid	Abdomen	Menstrual Cycle	
Other _____				

Explain abnormalities circled

3. Indication of Personality Deviations?

4. List prescribed medications and recurrent non-prescriptive medications.

5. Any dietary restrictions? _____

Any allergies? _____

6. Any limitations that would hinder this person from participating in the work of the SSJ Volunteer Program?

Physician Signature _____

Date _____

Office Address _____

Phone _____

Fax _____

email _____

Please return by March 19th, Saint Joseph's Day

Please return completed form to:

Rose Andrea Loughery, SSJ
SSJ Mission Corps
9701 Germantown Avenue
Philadelphia, PA 19118-2694
Phone: 215-248-7239
Fax: 215-248-7237
Email: rloughery@ssjphila.org