



1. g STATEMENT FROM PHYSICIAN

Name of candidate: _____

Address:

desires to prepare for a church occupation as _____ a pastoral minister _____ a diaconal minister and has applied as a candidate for registration.

Please give your appraisal of the qualifications of the above-named church occupation candidate. This information will not be used to refuse the candidate's registration, but may be helpful in suitable placement of the candidate. Your reply will be part of the candidate's file which is open to the candidate.

1. How long have you known the candidate? _____

2. On what date did you last examine the candidate? _____

3. What is the general condition of the candidate's health?

4. Does the candidate have a medical history of chronic illness or mental or nervous disorders?

Yes No

If yes, please elaborate:

5. Does the candidate have any physical, psychological or emotional conditions which would hinder performance of the responsibilities of the occupation under consideration?

Yes No

If yes, please describe in detail:

Date: _____ Name: _____

Signature: _____

Address:

Telephone: _____

We appreciate your evaluation and thank you for your co-operation.

PLEASE RETURN TO:

(Synod Office address)