Health Questionnaire ☐ Applicant / ☐ Family

Dear applicant

Verification of a candidate's ability to work under pressure in another culture is of great importance to us. The following questions stem from wide-ranging experience on the mission field and are meant to help us support you as much as possible and enable us to assign you to the appropriate operation and the right environment.
Please take the time to complete this form as accurately as possible. By doing so, you help us to find an appropriate appointment for you. All your answers are entirely confidential.

Name Date of Birth:

Address:

City, State + Country:

E-Mail:

Telephone: Cell Phone / Mobile:

General Data:

Marital status ☐ single ☐ married ☐ engaged ☐ separated ☐ divorced ☐ widowed

Date of marriage:

Is this your first marriage? ☐ yes ☐ no

Health-Related Questions

(Use additional sheet of paper if required)

1. Is your health restricted in any way?	☐ yes ☐ no
2. Do you require regular medical care or medication?	☐ yes ☐ no
3. Are you aware of any health or emotional issues which could be relevant in selecting your field of operation? If so, what are they?	☐ yes ☐ no
4. Are you aware of any health or emotional issues concerning your partner or your children? If so, what are they?	☐ yes ☐ no
5. Are there any other restrictions which the selection board should know about?	☐ yes ☐ no
6. Do you have any immediate or distant relatives who suffer from depression or other mental problems?	☐ yes ☐ no
7. Do you suffer regularly from insomnia and / or recurring nightmares?	☐ yes ☐ no
8. Have you ever had problems with eating habits (anorexia, bulimia)?	☐ yes ☐ no
9. Have you had psychological or psychotherapeutic treatment? If yes, please describe.	☐ yes ☐ no
10. Do you sometimes suffer from severe anxiety which restricts your quality of life?	☐ yes ☐ no
11. Has a severe or chronic illness caused you to be unfit for work or unable to continue your education in recent years?	☐ yes ☐ no
12. Have you ever taken drugs? If so, which kind, when, and how much?	☐ yes ☐ no
13. Have you ever had problems with Internet addiction? How do you counteract this problem?	☐ yes ☐ no
14. Do you smoke? If so, how much?	☐ yes ☐ no
15. Do you drink alcohol? If so, how much?	☐ yes ☐ no

If you have had medical / psychological treatment in the last five years, we ask that you authorize your physician to release your medical records in order that our independent examining doctor can consult with your doctor / therapist regarding your suitability for working in another cultural environment.

Place / Date:	Signature:

I herewith release my doctor(s) / therapist(s) from his / her / their duty to maintain confidentiality