Missionaries for The Church of Jesus Christ of Latter-day Saints serve in various environments and cultures throughout the world. They are normally expected to engage in missionary activities many hours per day, including walking many miles a day, six days a week. The rigors of a mission usually exacerbate any prior difficulties. Please use the following guidelines in examining the missionary candidate:

1. The Physician’s Health Evaluation of Missionary Candidate form must be signed by a medical doctor (MD) or doctor of osteopathy (DO). If the examination is done by a physician assistant (PA) or nurse practitioner (NP), the supervising physician must verify the findings and review and countersign the form. An examination by any other practitioner is not acceptable.

2. Please perform a thorough physical examination to ensure that missionaries receive assignments in which they can succeed. It is unfortunate when a missionary must return home early because of problems that could have been avoided or stabilized before the mission.

3. Correct any problems such as plantar warts, flat feet, chronic headaches, or inguinal hernias before the missionary candidate leaves for his or her mission. Explain to the candidate any problems that do not need correcting, such as a deviated nasal septum, varicocele, pilonidal disease, and so on, in case a physician in his or her mission insists that such a condition must be surgically corrected.

4. Stabilize chronic problems such as asthma, diabetes, seizures, emotional disorders, irritable bowel, endometriosis, and so on. Carefully instruct the candidate on the treatment for these problems, and explain personal care under diverse circumstances. Also explain the importance of continuing to take any prescribed medications.

5. Do not sign the Physician’s Health Evaluation of Missionary Candidate form without reviewing the Personal Health History of Missionary Candidate form with the candidate. Please comment on each abnormality listed by the candidate.

6. When a major illness, operation, injury, hospitalization, or prolonged treatment is mentioned, please obtain a summary report of the incident from the professional who treated the case. This report should accompany the candidate’s application.

7. Obtain necessary consultations to clarify the candidate’s ability to function in the mission field as well as his or her current physical and emotional status where advisable.

8. Complete all specified laboratory tests. Everyone, including those who have had BCG vaccine or a chest X ray, should have a PPD skin test. Only those already known to be positive are exempted.

9. Please mark the appropriate box indicating the candidate’s overall ability to function in the mission field on the “Missionary Fitness Report: Overall Assessment of Functional Ability.”
To the physician: Please type, print, or write legibly in black ink when completing this form. Attach additional information if necessary. When you have completed the form, mail it and a copy of the Personal Health History of Missionary Candidate form directly to the candidate's bishop or branch president, using the envelope provided by the candidate. Your thorough evaluation and completion of all requested forms, information, and recommendations will be greatly appreciated. Where mail is unreliable, give the forms in a sealed envelope to the missionary candidate.

<table>
<thead>
<tr>
<th>Missionary candidate's name (first)</th>
<th>(middle)</th>
<th>(last)</th>
<th>(suffix)</th>
<th>Age</th>
<th>Gender</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height (in inches or centimeters)</td>
<td>Width (in pounds or kilograms)</td>
<td>Blood pressure</td>
<td>Pulse</td>
<td>Vision (with corrective lenses, if required)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. General appearance
   - Normal
   - Abnormal
   - If abnormal, give specific details and indicate functional capacity (referring to item number).

2. Skin
   - Normal
   - Abnormal

3. Eyes
   - Normal
   - Abnormal

4. Ears (audiogram and balance if necessary)
   - Normal
   - Abnormal

5. Nose, throat, neck, and thyroid
   - Normal
   - Abnormal

6. Chest and lungs
   - Normal
   - Abnormal

7. Heart and blood vessels (murmurs)
   - Normal
   - Abnormal

8. Abdomen (masses, liver, and spleen)
   - Normal
   - Abnormal

9. Rectal area, varicocele, and hernia
   - Normal
   - Abnormal

10. Back (history of pain, disability, treatment; also pilonidal disease)
    - Normal
    - Abnormal

11. Upper extremities
    - Normal
    - Abnormal

12. Lower extremities
    - Normal
    - Abnormal

13. Neurological system
    - Normal
    - Abnormal

14. (Women only) breasts
    - Normal
    - Abnormal

15. (Women only) pelvic area, including Pap test (if over 40 or indicated by history)
    - Normal
    - Abnormal

16. Comment on abnormalities noted in history or physical exam regarding:
    - Epilepsy
    - General medical problems
    - Surgical problems
    - Learning, memory, or communication disorders
    - Emotional, psychological, or psychiatric disorders
    - Abuse of prescription medicines, illegal drugs, or alcohol
    - Consultations requested

17. Urinalysis (tests for specific gravity, protein and sugar are all required)
    - Specific gravity (required)
    - Dipstick—protein (required)
    - Dipstick—sugar (required)

18. Hemoglobin or hematocrit (circle the type and enter the test result)
    - Hemoglobin
    - Hematocrit

19. Blood Type
    - Rh factor

20. PSA (males over 50)
**Physician’s Health Evaluation**

**Missionary candidate’s name (first) (middle) (last) (suffix)**

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

21. Mammogram (within last year for females over 40)

22. Tuberculosis testing (PPD-10TU)—required for all (including those who had BCG vaccine and those who are known to be positive)

- Millimeters of induration (required)
- (If 10 or greater, chest X ray required)

23. Chest X ray taken

- Yes
- No

24. INH is prescribed

- Yes
- No

If INH is prescribed for a PPD converter, treatment should be started as soon as possible. If active disease is found, missionary service must be delayed until treatment is completed. If prescribed, date when treatment will be completed:

<table>
<thead>
<tr>
<th>Immunization Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus/diphtheria</td>
</tr>
<tr>
<td>MMR1 ___________________</td>
</tr>
<tr>
<td>MMR2 ___________________</td>
</tr>
<tr>
<td>Polio ___________________</td>
</tr>
<tr>
<td>Hepatitis A #1 ___________________</td>
</tr>
<tr>
<td>#2 ___________________</td>
</tr>
<tr>
<td>AND hepatitis B #1 ___________________</td>
</tr>
<tr>
<td>#2 ___________________</td>
</tr>
<tr>
<td>#3 ___________________</td>
</tr>
<tr>
<td>OR combined hepatitis A and B #1 ___________________</td>
</tr>
<tr>
<td>#2 ___________________</td>
</tr>
<tr>
<td>#3 ___________________</td>
</tr>
</tbody>
</table>

**Missionary Fitness Report: Overall Assessment of Functional Ability**

Based on a review of the missionary candidate’s history, your personal interview, a physical examination, and a review of laboratory findings, indicate the candidate’s ability to function at various levels of activity as a missionary below.

- Level A—No limitation
- Level B—Slight limitation
- Level C—Moderate limitation
- Level D—Marked limitation
- Level E—Not appropriate

No limitation of activity in lifting, carrying, walking 6 or more miles per day, or spending 12 to 16 hours per day in missionary activity.

Slight limitation of activity; slight decrease of function or stamina, such as problems with walking (limited to 3-6 miles per day) or with extensive standing.

Moderate limitation of activity; moderate decrease of function or stamina; requires limited walking (0-3 miles per day) or sedentary work.

Marked limitation of activity or has special requirements, such as specific climate, use of wheelchair, frequent rest periods, special medical needs, or medical visits.

Conditions exist for which corrective action has not been or cannot be taken, such as severe chronic pain, loss of stamina, or recurring conditions.

**Additional comments**

**Physician's signature**

- MD
- DO

**Name of physician**

- The exam was performed within the last 12 months.

**Physician’s office address**

- City
- State or province

**Country**

- Postal code
- District (if any)

**Office phone (with area code)**

**E-mail address (if available)**

**Authorization to Release Information**

I authorize the examining physician to release the information contained in the Personal Health History of Missionary Candidate and the Physician’s Health Evaluation of Missionary Candidate to my bishop or branch president and the Missionary Department of The Church of Jesus Christ of Latter-day Saints. I am aware that the information will be screened by physicians. I am aware that the information may be used in assigning assignments as part of my missionary call. I hereby release the examining physician from all legal liabilities that may arise from the release or use of the information by The Church of Jesus Christ of Latter-day Saints or its agents.

**Missionary candidate’s signature**

- Date

**Witness’s signature**

- Date