PHYSICIAN’S MEDICAL SUMMARY

The Discipline of the United Methodist Church requires that each candidate for ordination or licensing present a satisfactory certificate of good health by a physician on a prescribed form. Your consideration in supporting this candidate with this requirement is appreciated.

Candidate’s Full Name: __________________________________________________________

1. Overall Health Assessment:

2. It is recommended that an individual with this assessment needs a regular check-up every____ years.

3. An individual with this assessment may be at higher risk for the following:

4. With appropriate treatment, follow up and patient compliance, these conditions may be expected to:
   a. Resolve completely
   b. Remain stable without progression
   c. Progress gradually
   d. Progress rapidly
   e. Impair the ability of the candidate to meet the physical, mental, and emotional demands of a pastor

5. Other comments:

Signed: ___________________________________________ Date: __________________________

Print Name: ______________________________ Credentials (MD, DO, PA, et.al.) ____________

Board of Ordained Ministry, October 2018          Return Completed Form to the Conference Registrar