

**THE UNITED METHODIST CHURCH  
MEDICAL REPORT OF MINISTERIAL CANDIDATE**

|                                   |
|-----------------------------------|
| Candidate's Last Name: _____      |
| First: _____ Middle: _____        |
| Date of Birth (mm/dd/yyyy): _____ |

**To the Board of Ordained Ministry:**

Please indicate here, the name/address of the board officer who will receive this report.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**CONSENT FOR THE RELEASE OF  
CONFIDENTIAL INFORMATION – COMPLETED BY CANDIDATE**

Candidate Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize and direct (physician) \_\_\_\_\_, to disclose to the (annual conference) \_\_\_\_\_ Board of Ordained Ministry the following information with regard to the records of (candidate) \_\_\_\_\_

for the purpose of **evaluation by The United Methodist Church for entrance into ministry.**

I, the undersigned, understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. This consent will expire sixty (60) days after the date treatment is terminated unless another date is specified.

I understand that the information requested may be disclosed from records whose confidentiality is otherwise protected by federal as well as state law. Any of the above requested information may include results of alcohol/drug (substance) abuse and/or diagnosis and treatment of psychological disorders, as well as HIV status.

To the party receiving this information: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

|                        |      |
|------------------------|------|
| Signature of candidate | Date |
| Witness                | Date |

|                                   |               |  |
|-----------------------------------|---------------|--|
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*Please note: The candidate's physician should make the final determination regarding the need for specific medical tests as related to the overall health and needs of the candidate.*

**Part I: Personal History Report**

**To be completed by the candidate.**

Medical problems experienced at any time by YOU or a first degree family member (mother, father, sister, brother, son or daughter):

| PROBLEMS                           | YOU      | Any close family member |
|------------------------------------|----------|-------------------------|
| Diabetes                           | NO / YES | NO / YES                |
| Hypertension                       | NO / YES | NO / YES                |
| High cholesterol                   | NO / YES | NO / YES                |
| Heart problems (specify)           | NO / YES | NO / YES                |
| Asthma or emphysema                | NO / YES | NO / YES                |
| Cancer (specify type)              | NO / YES | NO / YES                |
| Anemia/excess bleeding/blood clots | NO / YES | NO / YES                |
| Arthritis/back pain                | NO / YES | NO / YES                |
| Stomach/bowel problems             | NO / YES | NO / YES                |
| Kidney/bladder problems            | NO / YES | NO / YES                |
| Depression/ Anxiety                | NO / YES | NO / YES                |
| Sleep apnea                        | NO / YES | NO / YES                |
| Stroke                             | NO / YES | NO / YES                |
| Sexually transmitted disease       | NO / YES |                         |
| Other                              |          |                         |

**Surgeries in your lifetime:** \_\_\_\_\_

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**Social History** (list any **past or present use** of substances):

|                    |   |                           |
|--------------------|---|---------------------------|
| Cigarettes         | NO / YES Packs per day #:                       | Years smoking #:          |
| Cigars             | NO / YES  |                           |
| Smokeless tobacco  | NO / YES  |                           |
| Alcohol            | NO / YES Drinks per week (beers/wine/liquor) #: |                           |
| Recreational drugs | NO / YES Substance used:                        |                           |
| IV drug use        | NO / YES Date:                                  | Results of last HIV test: |

|                                   |               |
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Part I, continued...

**Health Behaviors:**

How often do you exercise 30 minutes in a day?

- almost never
- 1-4 days/ week
- 5 or more days/ week

How often do you intentionally limit complex carbs/starches/sweets and fats in your diet?

- never
- sometimes
- always

Have you ever been the victim of physical, emotional or sexual abuse in your lifetime?

NO / YES \_\_\_\_\_

If so, do you live/work in a safe environment now? \_\_\_\_\_

**Vaccination History:**

| VACCINE (TIMING/AGE)                                 | DATE OR YEAR ADMINISTERED |
|--|---------------------------|
| Influenza (yearly)                                   |                           |
| Tetanus/diphtheria/pertussis (TDAP) (every 10 years) |                           |
| Pneumonia vaccine (once over 65 years old)           |                           |
| HPV series (women 9-26 years old)                    |                           |
| Shingles vaccine (once over 50 years old)            |                           |
| Others   |                           |

**Tuberculosis Exposure History:**

|   |   |
|---|---|
| Visitation/ mission work in hospitals, prisons, homeless shelters, nursing homes, underdeveloped countries or exposure to anyone with known TB infection? | NO / YES<br>If yes, when was your last TB screening test?<br><br>Date: _____ Results: _____ |
|---|---|

|                                   |
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**Part II: Physical Exam**

**To be completed by examining provider.**

| BIOMETRIC         | RESULT | NORMAL RANGES  |
|-------------------|--------|--|
| Weight            | lbs.   |  |
| Height            | inches |  |
| Waist measurement | inches | (Men < 40 inches, women <35 inches)                            |
| BMI               |        | <25 normal, 25-30 overweight, 30-40 obese, >40 extreme obesity |
| Blood pressure    |        | <120/80  |
| Pulse             |        | 60-100   |

| SYSTEM                                      | NORMAL / ABNORMAL (SPECIFY) / NA |
|---|----------------------------------|
| HEENT                                       |                                  |
| Chest/lungs                                 |                                  |
| Heart/vascular                              |                                  |
| Abdomen                                     |                                  |
| GU (prostate or pelvic exam if appropriate) |                                  |
| Skin  |                                  |
| Joints/Spine                                |                                  |
| Lymphatics                                  |                                  |
| Neurological                                |                                  |
| Mood  |                                  |

**Labs/imaging:**

| SCREENING TEST (age)             | RESULT | DATE |
|----------------------------------|--------|------|
| Fasting glucose                  |        |      |
| Fasting Total cholesterol        |        |      |
| LDL                              |        |      |
| HDL                              |        |      |
| Triglycerides                    |        |      |
| Last PAP smear (20-65)           |        |      |
| Last Mammogram (>40)             |        |      |
| Last PSA (men 50-70 if desired)  |        |      |
| Last Colonoscopy (>50)           |        |      |
| Bone density (females >65)       |        |      |
| AAA screening (male smokers >65) |        |      |

|                                   |
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Part II, continued...

**Health Assessment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plan/Recommendations to candidate:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician recommendations to the Board of Ordained Ministry related to candidate:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examining Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STAMP



**Medical Form Background Information**

|                                   |               |
|-----------------------------------|---------------|
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The following lists show standard screening practices on which this document is based. Additionally, the physician may choose to make recommendations to the candidate as needed based on the Key Points listed below.

Key screening advice taken from large consensus groups like US preventative task force and evidence-based information:

### **Screening**

- Height and weight (periodically)
- Blood pressure
- Alcohol and tobacco use
- Depression (if appropriate follow-up is available)
- Diabetes mellitus (patients with hypertension)
- Dyslipidemia (total and HDL cholesterol): men  $\geq 35$  y; men or women  $\geq 20$  y who have cardiovascular risk factors; measure every 5 y if normal
- Colorectal cancer screening (men and women 50-75 y)
- Mammogram every 1 to 2 y for all women  $\geq 40$  y. Evaluation for BRCA testing in high-risk women only.
- Papanicolaou test (at least every 3 y until age 65 y)
- Chlamydial infection (sexually active women  $\leq 25$  y and older at-risk women)
- Routine voluntary HIV screening (ages 13-64 y)
- Bone mineral density test (women  $\geq 65$  y and at-risk women 60-64 y)
- AAA screening (one time in men 65-75 y who have ever smoked)

### **Counseling—Substance Abuse**

- Tobacco cessation counseling
- Alcohol misuse: brief office behavioral counseling; alcohol abuse: referral for specialty treatment

### **Counseling—Diet and Exercise**

- Behavioral dietary counseling in patients with hyperlipidemia, risks for CHD and other diet-related chronic disease
- Regular physical activity (at least 30 minutes per day most days of the week)
- Intensive counseling/behavioral interventions for obese patients

AAA = abdominal aortic aneurysm; BRCA = breast cancer susceptibility gene; CHD = coronary heart disease.

Based on recommendations from the U.S. Preventive Services Task Force.

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### Key Points

- The U.S. Preventive Services Task Force recommends routine periodic screening for hypertension, obesity, dyslipidemia (men  $\geq 35$  years), osteoporosis (women  $\geq 65$  years), abdominal aortic aneurysm (one-time-screening), depression, and HIV infection.
- The U.S. Preventive Services Task Force recommends routine periodic screening for colorectal cancer (persons 50-74 years of age), breast cancer (women  $\geq 40$  years), and cervical cancer.
- The U.S. Preventive Services Task Force recommends that all pregnant women be screened for asymptomatic bacteriuria, iron-deficiency anemia, hepatitis B virus, and syphilis.
- The U.S. Preventive Services Task Force recommends against screening for hemochromatosis; carotid artery stenosis; coronary artery disease; herpes simplex virus; or testicular, ovarian, pancreatic, or bladder cancer.
- Outside of prenatal, preconception, and newborn care, genetic testing should not be performed in unselected populations because of lower clinical validity; potential for false positives; and potential for harm, including “genetic labeling.”
- For patients for whom genetic testing may be appropriate, referral for genetic counseling should be provided before and after testing.
- A human papillomavirus vaccine series is indicated in females ages 9 through 26 years, regardless of sexual activity, for prevention of cervical cancer.
- A single dose of tetanus-diphtheria–acellular pertussis (Tdap) vaccine should be given to adults ages 19 through 64 years to replace the next tetanus-diphtheria toxoid (Td) booster.
- A zoster (shingles) vaccine is given to all patients 60 years and older regardless of history of prior shingles or varicella infection.
- Asymptomatic adults who plan to be physically active at the recommended levels do not need to consult with a physician prior to beginning exercise unless they have a specific medical question.
- Smoking status should be determined for all patients.
- Patients who want to quit smoking should be offered pharmacologic therapy in addition to counseling, including telephone quit lines.
- Routine screening is recommended to identify persons whose alcohol use puts them at risk.
- For management of alcohol abuse and dependence, referral for specialty treatment is recommended; for management of alcohol misuse, brief behavioral counseling may be useful.
- Clues for chemical dependency include unexpected behavioral changes, acute intoxication, frequent job changes, unexplained financial problems, family history of substance abuse, frequent problems with law enforcement agencies, having a partner with substance abuse, and medical sequelae of drug abuse.
- Condom use reduces transmission of HIV, Chlamydia, gonorrhea, Trichomonas, herpes virus, and human papillomavirus.
- It is important to ask about domestic violence when patients present with symptoms or behaviors that may be associated with abuse.
- When an abusive situation is identified, address immediate safety needs.