Youth With A Mission Las Vegas

Short Term Applicant Health Questionnaire

Please answer the following questions:

1. Are you able to walk 5-6 miles a day? Yes No

2. Are you underweight or over weight? _____

3. Are you under medical supervision at this time, or presently taking any medication? Yes No

If yes, please list medications and reasons for medical supervision _____

_____

4. Do you have any dietary limitations of which we should be aware? _____

_____

5. Are you asthmatic? Yes No Do you have any allergies? _____

6. Are you able to work outdoors in high temperatures? Yes No

7. Would you consider yourself to be in generally good health? Yes No

Note: Please make additional comments regarding your health or special limitations affecting physical capabilities.

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