TO THE PHYSICIAN

Name of applicant				
program. This prog	ram re	quire	pplied for service with the Great Commandment s good health and endurance. Please review the out the portion below, and make any additional	applicant's "Personal
Blood Pressure			Pulse	
Are there any abno	rmalit	ies of	the following systems?	
Ears, nose, throat Eyes Neurological Cardiovascular Respiratory Musculoskeletal	YES	NO O	Please describe:	
Would applicant be	able t	o wal	k 3 to 4 miles per day? ☐ Yes ☐ No	
Comments				
PHYSICIAN RECOMI	MEND	ATION	I ☐ Acceptable without limitations ☐ Not acce	ptable Should remain
in areas where ade	quate	medic	cal care is provided □ Acceptable with limitation	ns (specify):
Physician's signatu	_Date			
Physician's name (p	lease	print)		
Full address				
			nereby agree to the performance of such treatment, a physician as deemed necessary on the above-named	•
assistants from any above-named persor resolve any and all di	liability durin sputes	what g the with (release Great Commandments Ministries, its agents soever arising out of any injury, damage, or loss vacourse of involvement with Great Commandments Great Commandments Ministries, its directors or staff to pursue action by way of litigation.	which may be sustained by s Ministries. I/we agree to
Applicant's signatu	Date			
Parent/guardian sig	 gnatur	e (for	applicants under 18) Relationship to applicant	 Date