CHURCH PENSION FUND
Serving the Episcopal Church and Its People

REQUIRED MEDICAL EXAMINATION

This report should be mailed by the examiner directly to the Bishop, and the information should be treated as strictly confidential. By submitting to this examination, the candidate consents to the use of the information herein in connection with his/her candidacy.

MEDICAL EXAMINATION

Name		Date of Birth
Your Home Address		Phone Number/Fax Number
Marital Status		Children and Ages
Notify in Case of Illness		Phone Number/Fax Number
Personal Physician	Physician's Address	Phone Number/Fax Number

Please answer all questions below "Yes" or "No;" provide full details n space at bottom for any questions answered "Yes."

	Have You	Yes	No
1.	Ever been rejected or paid extra money for insurance?	☐	☐
2.	Ever received Workmen's Compensation or other disability benefits?	☐	☐
3.	Been rejected for employment on account of any physical or mental condition?	☐	☐
4.	Ever received prescription drugs for mental illness or substance abuse?	☐	☐
5.	Ever been a patient in a hospital?	☐	☐
6.	Had any accidents, injuries or operations or contemplate any operation?	☐	☐
7.	Received disability benefits or medical leave for any medical/psychiatric condition?	☐	☐
8.	Had your medical or psychiatric fitness for a job or educational studies questioned by a supervisor or a supervising institution?	☐	☐
9.	Ever left school or any position because of ill health?	☐	☐
10.	Lost time from work or school in the past three years for medical reasons?	☐	☐

Provide *full details* here for all questions answered "Yes." *Full details* include the condition, dates and durations. List the question number when answering. Use additional sheets if necessary.

Outline for Physical Examination

1. (a) How long have you known applicant (b) in what relationship?
2. (a) height without shoes: Ft Ins (b) weight: lbs

Vital Signs

Temperature Pulse Respiration Blood Pressure
(arm, R ☐ or L ☐position)

Physical Examination: Check for within normal limits. Note positive findings in the space below.

Head			**Lymph Nodes**		
Eyes	Vision	☐		Enlargement, consistency and/or tenderness of cervical, axillary, epitrochlear, popliteal, and inguinal glands	☐
	Conjunctivae and sclerae	☐			
	Pupils size	☐			
	Reaction	☐			
	Equality	☐			
	Appearance	☐			
Ears	Hearing	☐			
	Air and bone conduction	☐	**Chest**		
	Appearance of tympanic membranes	☐		Appearance and function of chest wall	☐
Nose	Obstruction to breathing	☐	*Breasts*	Appearance, asymmetry, tenderness, masses, nipple discharge	☐
	Septal deviation and/or perforation	☐	*Lungs*	Type of respiration, character of breath sounds; presence of rales, rhonchi, wheezes or rubs	
	Discharge	☐	*Heart*		
Mouth	Sores	☐		Apex location, precordial movements or thrills	☐
	Dental status	☐	*Auscultation*		
	Appearance and palpation of mucosa tongue, gums floor of mouth	☐		Heart sounds: S1, S2, S3, S4	☐
	Appearance of tonsils, pharynx	☐		Presence of murmurs, clicks, rub, split sounds	☐
	Appearance & movement of uvula, palate gag reflex	☐		Radiation of murmurs	☐
Neck			**Pulses**		
	Palpable masses	☐		Cartoids	☐
	Thyroid	☐		Brachials	☐
	Location of trachea	☐		Radials	☐
	Venous engorgement	☐		Femorals	☐
	Bruits	☐		Dorsalis pedis	☐
	Flexibility	☐		Posterior Tibials	☐

Summary of positive findings:

Outline for Physical Examination
(continued from previous page)

Spine			**Neurological**		
	Mobility	☐		Mental status	☐
	Tenderness	☐		Cranial nerves	☐
	Curvature	☐		Cerebellar function	☐
Abdomen				Muscle strength	☐
	Appearance (distended, flat, scaphoid)	☐		Reflexes	☐
	Abnormal movements	☐		Gait and station	☐
	Dilated veins	☐		Rapid sensory exam including vibratory	☐
	Striae	☐			
Auscultation	Bowel sounds	☐	**Extremities**		
	Bruits	☐		Skin color	☐
	Rubs	☐		Temperature	☐
Percussion	Distention	☐		Texture	☐
	Organ size	☐		Varicosities	☐
Palpation	Resistance	☐		Clubbing	☐
	Tenderness	☐		Edema	☐
	Rebound	☐		Joint motions	☐
	Organs (liver, spleen, bladder)	☐		Muscular abnormalities	☐
	Masses	☐		Circumference	☐
	Epigastric or incisional hernia	☐			

Genital, Prostate or Pelvic Examination	**Rectal Exam and Stool Sample**
List any abnormal findings:	List positive findings:

LABORATORY	
CBC	
Fast Chem profile	
U/A	
EKG (if indicated)	
PPD	

On the basis of your examination, is the candidate free from any medical condition or other impediment that would render him/her unsuitable for the tasks of ordained ministry? (If you have any confidential information that would render the candidate unacceptable, please so indicate here and forward details to the Bishop by confidential communication.)

_____ M.D.
Examiner's Signature

Address

/
Phone Number/Fax Number

Check the appropriate box for the disorders you have or have had in the past.

Infectious Diseases	**Yes**	**No**	**Respiratory System**	**Yes**	**No**
Pneumonia	☐	☐	Sinus Infection	☐	☐
Frequent sore throats	☐	☐	Asthma	☐	☐
Dysentery (Chronic)	☐	☐	Hay fever	☐	☐
Infantile Paralysis (Polio)	☐	☐	Bronchitis	☐	☐
Syphilis	☐	☐	Pleurisy	☐	☐
Gonorrhea	☐	☐	Tuberculosis	☐	☐
Skin diseases or eczema	☐	☐	Chronic cough	☐	☐
Fevers	☐	☐	Chronic hoarseness	☐	☐
Recurrent Chills	☐	☐	Coughing up blood	☐	☐
Lymph node enlargement	☐	☐	Tobacco use	☐	☐
Heart and Blood Vessels	**Yes**	**No**	**Nervous System**	**Yes**	**No**
High or low blood pressure	☐	☐	Epileptic or other fits	☐	☐
Heart disease	☐	☐	Meningitis	☐	☐
Pain in chest	☐	☐	Mental or nervous diseases (family)	☐	☐
Rheumatic fever	☐	☐	Mental or nervous diseases (self)	☐	☐
Heart murmur	☐	☐	Dizzy spells	☐	☐
Palpitations	☐	☐	Fainting spells	☐	☐
Shortness of breath	☐	☐	Visual problems	☐	☐
Swollen ankles	☐	☐	Deafness	☐	☐
Anemia or blood disease	☐	☐	Ringing ears, hearing difficulty	☐	☐
Coagulation disorder	☐	☐	Paralysis	☐	☐
Elevated cholesterol	☐	☐	Weakness of limbs	☐	☐
			Numbness	☐	☐
Digestive System	**Yes**	**No**	**Miscellaneous**	**Yes**	**No**
Ulcers	☐	☐	Cancer	☐	☐
Jaundice	☐	☐	Lymphoma or Other Blood Disease	☐	☐
Hepatitis	☐	☐	Diabetes or sugar disease (family)	☐	☐
Recurrent diarrhea	☐	☐	Diabetes or sugar disease (self)	☐	☐
Bloody stools	☐	☐	Thyroid disease	☐	☐
Marked over or underweight	☐	☐	Foot problems	☐	☐
Recent weight loss	☐	☐	Back pain	☐	☐
Gall bladder disease	☐	☐	Joint pain	☐	☐
Hernia (rupture)	☐	☐	Allergy to any food, medicine or injection	☐	☐
Genitourinary System	**Yes**	**No**	Blood transfusions	☐	☐
Kidney disease	☐	☐	Arthritis	☐	☐
Kidney stones	☐	☐	Daily use of nicotine (past 5 years)	☐	☐
Prostate disease	☐	☐	Have you ever been a habitual user of any habit forming drugs or received treatment for alcoholism or drug abuse?	☐	☐
Bladder disease	☐	☐	Have you ever had any illnesses (mental or physical) or accidents other than those mentioned?	☐	☐
Blood in urine	☐	☐			
Pain in passing urine	☐	☐			
Urinary tract infection	☐	☐			

I hereby declare that my answers to the above questions are full and true.

_____
(Full signature of applicant)

Signed at in my presence, this day of , .

_____
(Physician)