

**These forms MUST be accompanied  
by an official letter from  
the Chairperson of the BOM  
and the District Superintendent**

**Medical Examination Form  
For Pastors seeking ordination as Elders**

Name: ..... Gender : .....  
 NRIC : ..... Date of Birth: .....  
 Address: .....  
 .....

1.	Medical history of patient (serious, illnesses, infections, operations):		
2.	General Condition:		
3.	Weight:	4.	Skin:
5.	Ears:	6.	Eyes:
7.	Breasts (for female only):		
8.	Thyroid:		
9.	Cardio-Vascular System	a.	Heart:
b.	Blood pressure:	c.	Pulse:
d.	Veins:	e.	HB: %
10.	Glands:		
11.	Respiratory System		
	a. Nose:		
	b. Lungs (Negative Chest Ray required):		
	c. X-Ray:		
12.	Alimentary System		
a.	Mouth and Pharynx:	b.	Teeth:
c.	Abdomen:	d.	Stool:
13.	Urinary System:		
	Urine Test: (must include urine drug test)		
14.	Nervous System		
a.	Headaches:	b.	Sleep:
15.	General Remarks:		
16.	Vaccinations and Inoculations:		

Name of Examining Doctor:			
Address of Examining Doctor:			
Signature:		Date:	

A comprehensive blood test including test for HIV/AIDS, cancer markers are required.

A basic chest X-ray is required

Urine tests to rule out drug abuse is also required.

**Dental Examinations Form  
For Pastors seeking ordination as Elders**

Name: ..... Gender : .....  
NRIC : ..... Date of Birth: .....  
Address: .....  
.....

I have examined _____ and certify that his/her mouth is free from dental caries.			
Name of Examining Dentist:			
Address of Examining Dentist:			
Signature:		Date:	

## Psychological Examinations Form For Pastors seeking ordination as Elders

Name: ..... Gender : .....

NRIC : ..... Date of Birth: .....

Address: .....

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I have examined \_\_\_\_\_ and have done  
the **DASS test** and my findings are as follows :-

Name & address of psychologist:

Signature:

Date: