Oriental Theological Seminary
of the Nagaland Baptist Church Council
Post Box 64, Bade
Dimapur-797112, Nagaland India
Phone: +91-9856888086/9856888087

HEALTH FORM

(To be completed by a professionally licensed medical doctor)

Good health is an essential requirement in ministry. Please fill in the form accordingly. We will keep your professional findings strictly confidential and thank you for your help in this admission process.

PLEASE PRINT OR TYPE

Name of the student_____

Sex: Male ☐ Female ☐ Age_____ Weight_____

General Appearance of health (Please comment)_____
_____

Ears_____ Nose_____ Throat_____

Eyes (visions and other conditions) _____

Any past major surgery/diseases_____

Abdomen _____

Skin (Eruption or lesions) _____

Any evidence of fatigue, depression, etc_____

Any communicable diseases_____

Any non-communicable diseases_____

Test for Malarial sickness: Positive ☐ Negative ☐ (Attach test result)

Test of substance abuse _____

Is the applicant under any prescribed medication? Yes ☐ No ☐

If yes, please give details _____

Summary of the present health condition (Please comment) _____
_____

Physician's name_____

Address_____

Signature & Office Seal _____

Please note: Without this professional form duly filled up, the applicant will not be considered for admission to the seminary.

Admissions Office, Oriental Theological Seminary. P. O. Box 64, Dimapur 797112, Nagaland