

What medications do you regularly take (prescription or over the counter)? Please list.

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Have you ever been hospitalized for observation or treatment for a mental illness?

Yes

No

If yes, briefly describe a typical episode and the date of you most recent occurrence.

What is your exercise regimen? Please describe and be specific ie, type, how often and for how long each time.

Do you have any sleep disorders?

Yes

No

If yes, what strategy/strategies do you employ to minimize the effect of this disorder on your ministry?

What eating rules and practices do you follow and what is your approach to regulating your weight?

Do you have any allergies?

Yes

No

If you answered yes, please list them and how you alleviate their impact on your daily life.

Allergy

Life Adjustment

_____	_____
_____	_____
_____	_____

Does anything about your current physical condition affect your ability to perform the pastoral functions listed in ¶1340 of the 2016 Book of Discipline?

Yes, perhaps

No

If you answered yes, perhaps: what is your strategy for compensating for any obstacles your physical condition may impose on you, allowing to faithfully fulfill the ministerial responsibilities listed in ¶1340 of the 2016 Book of Discipline? Please be specific.

If it is a recurring or chronic disease or disability, what is your strategy/strategies or accommodations do you anticipate a congregation or persons you serve will need to make for you to serve effectively? Please, be as specific as you can.

Candidate's Name: _____

Date: _____