



To the Bishop or Branch President

- Review the *Church Handbook of Instructions, Book 1*, pages 79–83, and the First Presidency letter of 12 December 2000 for information on qualifications, terms of service, requirements for special clearance, and other instructions on calling missionaries.
- The missionary recommendation packet should be submitted to the Missionary Department not more than 90 days before the candidate's availability date. The date given in the "Date available" field should *not* be earlier than the birthday when the missionary reaches the minimum age for service. Normally about two to four months are allowed between the issuing of the call and the beginning of the mission.
- If the candidate has been living away from home, the home ward bishop and the away-from-home bishop must confer regarding worthiness and the procedures for submitting the recommendation form (see the *Church Handbook of Instructions, Book 1*, p. 83).
- Conduct a thorough, searching interview with the candidate to determine worthiness, qualifications, and the individual's physical and emotional capability to serve.
- Give the candidate the missionary recommendation packet.
- Review these forms after the candidate completes them. Ensure that any serious concerns are resolved, including completion of recommended tests or treatment, before the forms are submitted. Explain any concerns and actions taken either on the Priesthood Leaders' Comments and Suggestions form (p. 2) or, if confidential, in a separate letter.
- Conduct a final interview with the candidate before submitting the papers. Make sure that all requested information has been provided, and fill in the "Unit Information" section and the candidate's membership file number (p. 4). Discuss with the candidate important information requested on the form, such as visa or citizenship documentation or information about special medical problems, diets, or medications.
- Ensure that after the contribution from the missionary and family, the ward missionary fund can meet the financial obligation for this missionary.
- For countries where supplemental financial support from the General Missionary Fund is authorized: If the candidate cannot be supported fully from personal, family, ward, or stake funds, complete a Request for Supplemental Financial Assistance for Full-Time Missionary form (31964) and send it to the Area Presidency with the missionary recommendation packet. Do not request assistance from the General Missionary Fund until the missionary, the family, and the ward and stake have committed themselves to provide all the financial support they can.

- On the Priesthood Leaders' Comments and Suggestions form (p. 2), provide *pertinent* information on the candidate's qualifications and abilities. Add comments on the candidate's experience, leadership capability, potential, interests, talents, or limitations that should be considered in determining the mission assignment.
- The picture that accompanies the recommendation form should be current and should show the candidate dressed and groomed according to missionary standards.
- Sign the Missionary Recommendation form (pp. 3–4), and send all required forms to the stake president. **When you sign this form, you are stating that in your opinion this individual is worthy to serve a mission. You are also confirming that you have reviewed the medical information and conducted a thorough personal interview, which has convinced you that this person is physically and emotionally able to serve a mission.**
- Do not recommend members who are in debt and have not made definite arrangements to meet their financial obligations.

To the Stake or Mission President

- Review the *Church Handbook of Instructions, Book 1*, pages 79–83, and the First Presidency letter of 12 December 2000 for information on qualifications, terms of service, requirements for special clearance, and other instructions on calling missionaries.
- Conduct a thorough, searching interview.
- Add your comments on the Priesthood Leaders' Comments and Suggestions form (p. 2).
- Make sure that all concerns have been resolved or adequately explained either on the Priesthood Leaders' Comments and Suggestions form or, if confidential, in a separate letter.
- Review all forms for accuracy and completeness.
- Sign the Missionary Recommendation form, and send all forms to the Missionary Department (50 East North Temple Street, Floor 3WW, Salt Lake City, UT 84150-5400). **When you sign this form, you are stating that in your opinion this individual is worthy to serve a mission. You are also confirming that you have reviewed the medical information and conducted a thorough personal interview, which has convinced you that this person is physically and emotionally able to serve a mission.**
- Have your stake clerk enter the information from these forms into the computerized missionary recommendation program. Make a copy of the completed forms for your records. Mail the diskette with the recommendation forms.

Missionary Recommendation

MISSIONARY DEPARTMENT
50 E NORTH TEMPLE ST FL 3WW
SALT LAKE CITY UT 84150-5400



* R A *

Personal Information Type or print all requested information, using black ribbon or black ink.					Attach with tape one (1) photograph of missionary dressed and groomed according to missionary standards.
Full name (first)		(middle)		(last)	
Home street address					
City		State, province, or country		Postal code	
Date available (day/month/year)			Home telephone (include area code)		
Street address to which the call should be sent (if same as above, leave blank)					
City		State, province, or country		Postal code	
States or countries where you have lived (recently or for extended periods, other than current residence)					
Birth date (day/month/year)		Age	Birthplace and citizenship at birth		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Height	Weight	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Date of confirmation (month/year)		Relationship and location of immediate family members serving missions (parents, brother, sister)			
Have you ever been arrested? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No					
List funds (in your local currency) to be contributed in support per month from each source.					
Currency _____	Self \$	Family \$	Ward \$	Others \$	
Current country of citizenship		Current status if not a citizen of resident country (for example, visa, permanent resident, temporary resident, or naturalized citizen). Please attach a photocopy of your documents proving your status in your country of residence.			
Does your citizenship status impose restrictions on where you can serve? <input type="checkbox"/> Yes <input type="checkbox"/> No Restrictions:		Do you have a current passport? If yes, expiration date <input type="checkbox"/> Yes <input type="checkbox"/> No		Nationality of ancestors	
What is your native language?		Do you speak any languages, other than your native language, with native or near native ability? (If yes, list languages.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Language(s) studied, other than those listed above, number of years studied for each language, and the average scholastic grades received					
How interested would you be in learning another language on your mission? <input type="checkbox"/> Very interested <input type="checkbox"/> Moderately interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Not interested					
If you were called to a mission where another language is spoken, how successful do you feel you would be in learning the new language? <input type="checkbox"/> Very successful <input type="checkbox"/> Moderately successful <input type="checkbox"/> Somewhat successful <input type="checkbox"/> Not very successful					
Additional Information Candidates 40 and over do not need to complete this section.					
Years of schooling	Years of seminary/institute	Average scholastic grade in native language <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		How good would you say you are at schoolwork? <input type="checkbox"/> Extremely good <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Not very good <input type="checkbox"/> Poor	
Member of military reserve unit <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of reserve organization		<input type="checkbox"/> Military service completed	
Reserve service number		Complete address of reserve unit/organization			
Father's full name				Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	
Birthplace		Occupation			
Mother's full name				Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	
Birthplace		Occupation			
Address of caregiver, if other than parents and different from home address.					
City		State, province, or country		Postal code	

Signature of Prospective Missionary



* R C *

I hereby authorize The Church of Jesus Christ of Latter-day Saints to collect, process, and transfer to other countries for Church purposes my personal data, including explicit sensitive data, in accordance with the Church Data Privacy Policy.

Signature	Date (day/month/year)	Membership file number (provided by ward/branch)
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Unit Information (completed by priesthood leader)

Home ward/branch	Unit number	Home stake/mission			
Name of home ward bishop/branch president		Name of home stake/mission president			
Mailing address (street)		Mailing address (street)			
City; state, province, or country; postal code		City; state, province, or country; postal code			
Home phone (area code)	Work phone (area code)	Cell phone (area code)	Home phone (area code)	Work phone (area code)	Cell phone (area code)
E-mail address		E-mail address			

Unit Information for Unit Submitting Recommendation (if other than home unit)

Ward/branch	Unit number	Stake/mission			
Name of ward bishop/branch president		Name of stake/mission president			
Mailing address (street)		Mailing address (street)			
City; state, province, or country; postal code		City; state, province, or country; postal code			
Home phone (area code)	Work phone (area code)	Cell phone (area code)	Home phone (area code)	Work phone (area code)	Cell phone (area code)
E-mail address		E-mail address			



MISSIONARY DEPARTMENT
50 E NORTH TEMPLE ST FL 3WW
SALT LAKE CITY UT 84150-5400

- 1. Complete all information on the Missionary Recommendation form (pp. 3–4), except the “Unit Information” section. Be sure to include all requested information. Type if possible, or print neatly in black ink.
Write dates as: 15 Dec 2001.
- 2. Complete the Personal Information for Missionary Candidate form (p. 6). Fill out the Personal Health History for Missionary Candidate form (pp. 7–8) completely, honestly, and accurately before your medical examination.
- 3. Sign the “Authorization to Release Information” on the Physician’s Health Evaluation form (pp. 11–12).
- 4. The Physician’s Health Evaluation form must be signed by a medical doctor (MD) or doctor of osteopathy (DO). If the examination is done by a physician’s assistant (PA) or nurse practitioner (NP), the supervising physician must verify the findings and review and countersign the form. An examination by any other practitioner is not acceptable.
- 5. Give the following forms to the physician along with a stamped envelope addressed to your bishop or branch president:
 - The completed Personal Health History for Missionary Candidate form (pp. 7–8).
 - The Instructions for Physicians Evaluating Missionary Candidates (p. 9).
 - The Physician’s Health Evaluation form (pp. 11–12).Have the physician complete the Physician’s Health Evaluation form and mail it and the Personal Health History for Missionary Candidate form to your bishop or branch president.
- 6. Begin the hepatitis A and B immunizations immediately. You will receive additional immunization information with your mission call.
- 7. Obtain a thorough dental examination. Sign the “Authorization to Release Information” on the Dental

Evaluation for Missionary Candidate form (p. 13), and give the form to the dentist along with a stamped envelope addressed to your bishop or branch president. Have the dentist fill out the form and mail it to your bishop or branch president.

- 8. Have all necessary dental work completed before submitting the missionary recommendation packet to your bishop or branch president.
- 9. If you have had any major illness, major operation, major injury, prolonged treatment, or hospitalization, obtain a statement from the professional who treated you, if possible, to explain the nature of the problem and its current status. It is important that you provide complete information about your physical condition. For example, it is not enough to say that you had a knee injury; you must also state which knee was injured and explain whether there are any persistent problems with the knee.
- 10. You are expected to be physically and emotionally capable of working several hours a day and walking several miles a day six days a week. If there are reasons why this might not be possible, please discuss them with your bishop.
- 11. Before entering the MTC, correct any problems such as plantar warts, flat feet, chronic headaches, inguinal hernias, and so on. Stabilize and understand the treatment for chronic problems such as asthma, diabetes, seizures, emotional disorders, irritable bowel, endometriosis, and so on.
- 12. If you are taking prescribed medication for any chronic problem, medical or emotional, do not stop taking it unless your physician advises you to do so. Please list on the Personal Health History for Missionary Candidate form all medications you are currently taking.
- 13. Complete all appropriate sections of the Missionary Personal Insurance Information form (pp. 15–16).

Information for Parents of Young Missionaries

- 1. Missionaries represent the Church, serve all over the world, and are exposed to many physical, environmental, social, and emotional stresses, often in areas where there is minimal medical care. The Church is greatly concerned about the health and safety of the missionaries; therefore, thorough medical and dental examinations are essential before a missionary enters the mission field.
- 2. Review the completed forms and add any pertinent information.
- 3. Please make sure that the instructions under item 9 above are carried out and that clarifying statements are submitted with the Personal Health History for Missionary Candidate form. Failure to do so may delay the call unnecessarily.
- 4. Encourage your missionary to continue to take any prescribed medications. Problems may arise when missionary candidates stop taking medication because they believe that being on medication might affect the missionary assignment they receive.

- 5. The purpose of a careful medical evaluation is to ensure that missionaries can handle the rigors of missionary work and receive assignments in which they can succeed. It is unfortunate when a missionary must return home early because of problems that could have been avoided or stabilized before the mission.
- 6. Pay particular attention to item 11 above. This will help avoid unnecessary problems and expenses in the MTC or the mission field.
- 7. If you have private insurance coverage for the missionary, do not discontinue it. Please note it on the Missionary Personal Insurance Information form with pertinent data.
- 8. During the mission, a missionary’s family must bear the costs of caring for preexisting medical conditions. A preexisting condition is any chronic, congenital, or medical condition with signs or symptoms, a diagnosis, or treatment within the two years before entering the mission field, regardless of whether the symptoms are present when the missionary enters the field.



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Full name (first)	(middle)	(last)	Name of spouse (if recommended as a couple)
Birth date (day, month, year)		Birthplace	

Education and Work Experience

High school: Graduated? Yes No If no, number of years completed _____

Post-secondary education: Number of years _____ Degree _____ Major _____ School _____

Post-graduate education: Number of years _____ Degree _____ Major _____ School _____

Extracurricular activities, special skills, and hobbies

Previous Church callings and leadership experience

Work experience outside the home (include years)

Occupational goals or accomplishments

Office experience

General bookkeeping Word processing Explain:
 Typing _____ WPM Computers

Family Information (for young missionaries only)

Raised by: Both parents One parent Other _____

Other Information

Driver's license Yes No Country _____ State _____ Ever suspended? Yes No Explain:

Have you traveled outside your home country in the last 10 years? Where? When?

Information for Couples and Single Women 40 and Over

Desired term of service: 12 months 18 months 23 months (couples only)

Travel: Can you take an automobile to the mission field? Yes No (If yes, and you are assigned to your resident country, you should plan to bring your car unless otherwise advised.)

I declare that the statements made in this Personal Information for Missionary Candidate are complete and honest. No personal information has been deliberately withheld or misrepresented.

I hereby authorize The Church of Jesus Christ of Latter-day Saints to collect, process, and transfer to other countries for Church purposes my personal data, including explicit sensitive data, in accordance with the Church Data Privacy Policy.

Signature	Date
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MISSIONARY DEPARTMENT
 50 E NORTH TEMPLE ST FL 3WW
 SALT LAKE CITY UT 84150-5400



To the missionary candidate: This form is to be completed *before* the examination by your physician. In preparation for the examination, please answer all of the following questions. Be honest with yourself, your physician, and the Lord. Major difficulties may result if this information is not complete and accurate. Please do not withhold or deny any medical information.

Full name (first)	(middle)	(last)	Age	Sex
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Check the boxes and circle the parts of each question that apply to you.	Yes	No	For every item marked yes in the columns to the left, explain the condition thoroughly, providing dates, severity, current status, prescribed medications and their dosages and frequency, and functional capacity and limitations.
1. Persisting difficulties from serious injury or deformity of your head or other body parts?			
2. Sight impairment (need for glasses or contacts, chronic eye infection)?			
3. Hearing problems or need for a hearing aid?			
4. Recurrent sinusitis, sore throats, ear infections, nasal obstruction?			
5. Lung disease—emphysema, tuberculosis, shortness of breath, spitting or coughing up blood or colored sputum, collapsed lung?			
6. Hay fever, allergies?			
7. Asthma? (State type of medication, date of most recent visit to the doctor or hospital, and whether asthma interferes with work, school, or sleep.)			
8. High blood pressure, irregular heart rhythm, heart pain, coronary artery occlusion? (State medication and dosage if used.)			
9. Varicose veins, thrombophlebitis?			
10. Stomach or abdominal pain, heartburn, indigestion, ulcers, colitis, diarrhea, constipation, rectal bleeding, irritable bowel?			
11. Gall bladder disease or stones, hepatitis, cirrhosis or other liver problems?			
12. Rupture (hernia), varicocele, or varices?			
13. Diabetes? Oral medication or insulin? (State type of medication, dosage, indicate HgbA1c level.)			
14. Hypoglycemic attacks? When and how often?			
15. Thyroid or other hormonal problems? Unexplained weight loss?			
16. Kidney disease or stones, repeated urinary infections, burning or frequent urination, or difficulty with urinating?			
17. Sexually transmitted disease?			
18. Acne requiring treatment, chronic skin sores, rashes, warts on feet, changing moles, lumps or swelling?			
19. Sensitivity to the sun?			
20. Tattoos? Where? (State size and subject matter.)			
21. Back or neck injury or deformity, spondylitis, chronic back or neck pain, or difficulty lifting things?			
22. Upper extremity: loss of any part, deformity, paralysis, joint pain, arthritis, or other problem?			
23. Lower extremity: loss of limb or any part, deformity, paralysis, joint pain, arthritis? Hip, knee, or ankle surgery? Flat feet? Ingrown toenails?			

For every item marked in the columns to the left, explain the condition thoroughly, providing dates, severity, current status, prescribed medications and their dosages and frequency, and functional capacity and limitations.



* M B *

Check the boxes and circle the parts of each question that apply to you.	Yes	No
24. Difficulty walking many miles per day, riding a bicycle, or climbing stairs?		
25. Difficulty in relationships due to temper, moods, or habits (fights or aggressive behavior)?		
26. Frequent headaches, unconsciousness from head injury, or interference with coordination or skilled movements? Weakness, sensory loss from illnesses such as Parkinson's disease, multiple sclerosis, stroke, and so on?		
27. Fainting, dizziness, convulsions, or seizures? (State frequency of attacks, medications, and date of last episode.)		
28. Frequent feelings of being sick or easily tired, anemia, or bleeding tendency?		
29. Tumors, cancers, leukemia, chemotherapy, radiation therapy, organ transplantation? (Explain treatment.)		
30. Drug or medication reaction or allergy?		
31. Currently taking or have recently taken medications (prescription or over-the-counter) not previously noted? (State dosages and frequency for the past year and whether you anticipate needing to take medication in the mission field.)		
32. Other diseases or problems with your physical health not already noted? Family history of tuberculosis or other communicable disease?		
33. Surgery, hospitalization, or injuries not listed above?		
34. Difficulty learning, reading, speaking, or concentrating? Diagnosed with ADD or ADHD?		
35. Recurring feelings of being anxious, scared, tense, or nervous; mood swings, depression, suicidal thoughts, or suicide attempts? (Explain.)		
36. Chronic fatigue or difficulty sleeping?		
37. Professional counseling, treatment, hospitalization for emotional problems? (State medication and dose.)		
38. Been a victim of physical, sexual, or emotional abuse from which you still suffer effects?		
39. Other emotional problems, including obsessive thoughts that are difficult to control?		
40. Abuse of or dependency on prescription or over-the-counter medications, recreational drugs, or alcohol?		
41. Eating problems—anorexia, bulimia, overweight?		
42. Schizophrenia or bipolar disorder?		
43. Undiagnosed aches and pains? (State how they affect everyday life.)		
44. Cannot receive immunizations? (Explain.)		
45. (Women only) Painful menstruation, endometriosis, abnormal vaginal discharge, uterine or ovarian tumors or cysts?		

Include any reports to explain current medical or emotional problems listed above.

I declare that the statements made in this Personal Health History for Missionary Candidate are a complete and honest report of my personal health history. No personal health information has been withheld or misrepresented.

I hereby authorize The Church of Jesus Christ of Latter-day Saints to collect, process, and transfer to other countries for Church purposes my personal data, including explicit sensitive data, in accordance with the Church Data Privacy Policy.

Signature of missionary candidate

Date



Missionaries for The Church of Jesus Christ of Latter-day Saints serve in various environments and cultures throughout the world. They are normally expected to engage in missionary activities many hours per day, including walking many miles a day six days a week. The rigors of a mission usually exacerbate any prior difficulties. Please use the following guidelines in examining the missionary candidate:

1. The Physician's Health Evaluation form must be signed by a medical doctor (MD) or doctor of osteopathy (DO). If the examination is done by a physician's assistant (PA) or nurse practitioner (NP), the supervising physician must verify the findings and review and countersign the form. An examination by any other practitioner is not acceptable.
2. Please perform a thorough physical examination to ensure that missionaries receive assignments in which they can succeed. It is unfortunate when a missionary must return home early because of problems that could have been avoided or stabilized before the mission.
3. Correct any problems such as plantar warts, flat feet, chronic headaches, or inguinal hernia before the missionary candidate leaves. Explain to the missionary any problems that do not need correction, such as a deviated nasal septum, varicocele, pilonidal disease, and so on, in case a physician in his or her mission insists that such a condition must be surgically corrected.
4. Stabilize chronic problems such as asthma, diabetes, seizures, emotional disorders, irritable bowel, endometriosis, and so on. Carefully instruct the missionary on the treatment for these problems and explain personal care under diverse circumstances. Also explain the importance of continuing to take any prescribed medications.
5. Do not sign the Physician's Health Evaluation form without reviewing the Personal Health History for Missionary Candidate form with the candidate. Please comment on things that are pertinent to the candidate's ability to function.
6. When a major illness, operation, injury, hospitalization, or prolonged treatment is mentioned, please obtain a summary report of the incident from the professional who treated the case. This report should accompany the missionary's application.
7. Obtain necessary consultations to clarify the missionary's ability to function in the mission field as well as his or her current physical and emotional status where advisable.
8. Complete all specified laboratory tests. Everyone, including those who have had BCG vaccine or a chest X ray, should have a PPD skin test. Only those already known to be positive are exempted.
9. Please mark the appropriate box indicating the candidate's overall ability to function in the mission field on the Missionary Fitness Report: Overall Assessment of Functional Ability form.



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Physician's Health Evaluation

MISSIONARY DEPARTMENT
 50 E NORTH TEMPLE ST FL 3WW
 SALT LAKE CITY UT 84150-5400



To the physician: Please *type, print, or write legibly* when completing this form. Additional information may be attached. When you have completed the form, mail it and a copy of the Personal Health History for Missionary Candidate form directly to the bishop or branch president, using the envelope provided by the candidate. Your thorough evaluation and completion of all requested forms, information, and recommendations will be greatly appreciated.

Full name (first)	(middle)	(last)	Age	Sex
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Height	Weight	Blood pressure	Vision
		/	Right _____ Left _____

Category: Mark whether normal or abnormal. Leave blank if not examined.	Normal	Abnormal	If abnormal, please give specific details and indicate functional capacity (referring to item number).
1. General appearance			
2. Skin			
3. Eyes			
4. Ears (audiogram if necessary)/balance			
5. Nose/throat/neck/thyroid			
6. Chest, lungs			
7. Heart/blood vessels (murmurs)			
8. Abdomen (masses/liver/spleen)			
9. Rectal/prostate (if over 40 or indicated by history)/varicocele/hernia			
10. Back (pilonidal disease)			
11. Upper extremities			
12. Lower extremities			
13. Neurological			
14. (Women only) Breasts			
15. (Women only) Pelvic (if over 40 or indicated by history)			
16. Comment on abnormalities noted in history or physical exam regarding: a. Epilepsy b. General medical problems c. Surgical problems d. Learning/memory/communication disorders e. Emotional/psychological/psychiatric disorders f. Use of illegal drugs or alcohol g. Consultations requested			

Laboratory findings—these tests must be completed.

17. Urinalysis	Results
Specific gravity	
Dipstick—protein/sugar	
Microscopic (if protein abnormal)	
18. Hemoglobin or hematocrit	
19. Blood type _____ Rh factor _____	
20. PSA (Males over 50)	
21. Mammogram (within one year for females over 40)	
22. Tuberculosis testing (PPD-5TU)—to be done for all (including those who had BCG vaccine) except those known to be positive. (State millimeters of induration. If greater than 10mm, get a chest X ray.)	

Laboratory findings—these tests must be completed.	Comments
23. Chest X ray (if indicated)	
24. If INH is prescribed for a PPD converter, treatment should be started as soon as possible. If active disease is found, missionary service must be delayed until treatment is completed. (State date when treatment will be completed.)	
25. Are immunizations current? (Give date.) Tetanus/diphtheria _____ MMR ¹ _____ MMR ² _____ Polio _____ Hepatitis A #1 _____ #2 _____ and Hepatitis B #1 _____ #2 _____ #3 _____ OR Combined Hepatitis A and B #1 _____ #2 _____ #3 _____	



Missionary Fitness Report: Overall Assessment of Functional Ability

Based on a review of the missionary candidate's history, my personal interview, a physical examination, and a review of laboratory findings, the candidate's ability to function at various levels of activity as a missionary is indicated by an X in the appropriate box.

<input type="checkbox"/> Level A—No limitation	<input type="checkbox"/> Level B—Slight limitation	<input type="checkbox"/> Level C—Moderate limitation	<input type="checkbox"/> Level D—Marked limitation	<input type="checkbox"/> Level E—Not appropriate
No limitation of activity in lifting, carrying, walking 6 or more miles per day, or spending 12 to 16 hours per day in missionary activity.	Slight limitation of activity; slight decrease of function or stamina, such as problems with walking less than 6 miles or with extensive standing.	Moderate limitation of activity; moderate decrease of function or stamina; requires limited walking or sedentary work.	Marked limitation of activity or special requirements, such as specific climate required, use of wheelchair, need for frequent rest periods, special medical needs, or medical visits.	Conditions exist for which corrective action has not been or cannot be taken, such as severe chronic pain, loss of stamina, or recurring conditions.

Additional Comments

Physician's signature (MD or DO only)	Physician's name (printed)	Date	
Address (number and street)	City	State, province, or country	Telephone (include area code)

Authorization to Release Information

I authorize the examining physician to release the information contained in my Personal Health History for Missionary Candidate and Physician's Health Evaluation to my bishop and the Missionary Department of The Church of Jesus Christ of Latter-day Saints. I am aware that the information will be screened by physicians. I am aware that the information may be used in assessing assignments as part of a missionary call. I hereby release the examining physician from all legal liability that may arise from the release of or use of the information by The Church of Jesus Christ of Latter-day Saints or its agents.

I hereby authorize The Church of Jesus Christ of Latter-day Saints to collect, process, and transfer to other countries for Church purposes my personal data, including explicit sensitive data, in accordance with the Church Data Privacy Policy.

Signature of missionary candidate	Date
Signature of witness	Date



MISSIONARY DEPARTMENT
 50 E NORTH TEMPLE ST FL 3WW
 SALT LAKE CITY UT 84150-5400

Full name (first)	(middle)	(last)	Age	Sex
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To the missionary candidate:

- Begin early. Do not wait until the last minute to have the dental examination and necessary treatment. If everything is not in order, your call may be delayed.
- All dental work, including orthodontic work, should be completed before submitting the missionary recommendation packet to your bishop or branch president.
- Your dentist will retain this form and will not send it to your bishop or branch president until all needed care and treatment has been completed. Please give your dentist a stamped envelope addressed to your bishop or branch president.

To the dentist:

- Please type or print clearly, using black ink.
- As you evaluate the candidate's dental condition, please be aware that he or she may be assigned to serve for two years in an area of the world with limited or inadequate dental care. Please complete all necessary dental work before submitting this report to the bishop or branch president.
- Mail the completed report to the missionary candidate's bishop or branch president in the envelope provided.

Dental Evaluation	Date completed
1. Complete oral examination	
2. Full mouth set of X rays within six months showing apices of all teeth	
3. Evaluation of third molars and removal of those that are likely to cause problems	
4. Removal of all decay and placement of appropriate restorations	
5. Sealing of all teeth with open pits or fissures if necessary	
6. Correction of overhangs or rough interproximals that create flossing problems if necessary	
7. Oral prophylaxis or scaling as indicated	
8. Is this person currently undergoing orthodontic treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when will the active treatment be completed?	Date
9. Record any restorative treatment completed after the X rays were taken (example: #3 DO, #4 MO, and so on).	

Comments

Dentist's signature	Dentist's name (printed)			Date
Address (number and street)	City	State, province, or country	Postal code	Telephone (include area code)

Authorization to Release Information

I authorize the examining dentist to release the information contained in this dental evaluation to my bishop and the Missionary Department of The Church of Jesus Christ of Latter-day Saints. I am aware that the information will be screened by physicians. I am aware that the information may be used in assessing assignments as part of a missionary call. I hereby release the examining dentist from all legal liability that may arise from the release or use of the information by The Church of Jesus Christ of Latter-day Saints or its agents.

I hereby authorize The Church of Jesus Christ of Latter-day Saints to collect, process, and transfer to other countries for Church purposes my personal data, including explicit sensitive data, in accordance with the Church Data Privacy Policy.

Signature of missionary candidate	Date
Signature of witness	Date



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Missionary Personal Insurance Information

MISSIONARY DEPARTMENT
 50 E NORTH TEMPLE ST FL 3WW
 SALT LAKE CITY UT 84150-5400



All missionaries should complete the information in sections 1 and 2. Missionaries under the age of 40 should complete section 3. Couples and sisters age 40 and over must complete section 4. The missionary should review this information with the bishop or branch president, who should submit this completed form with the Missionary Recommendation form to the stake president.

Section 1 (To be filled out by all missionaries)

Full name (first)	(middle)	(last)	Birth date (day, month, year)	Social Security number (if U.S. citizen)
Home address				Home telephone (include area code)
City		State, province, or country		Postal code
Bishop/Branch president				Home telephone (include area code)

Will you be covered by a group or individual health insurance plan while serving?

Yes No If yes, complete section 2; if no, do not complete section 2

Section 2 (To be filled out by all missionaries if necessary)

Name of primary insurance company		Policy holder's Social Security number
Policy holder's name	Date of birth	Effective date of coverage (day, month, year)
Policy number	Group number	Telephone number of insuring company (include area code)
Mailing address for submitting claims		

Name of secondary insurance company (if any)

Policy holder's name	Date of birth	Policy holder's Social Security number
Policy number	Group number	Effective date of coverage (day, month, year)
Mailing address for submitting claims		Telephone number of insuring company (include area code)

Section 3 (For missionaries under age 40 only; couples should complete section 4 on the back)

Parent/Guardian name	Home telephone (include area code)
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I authorize any physician, medical practitioner, hospital, clinic, other health care provider, or insurance company to disclose to The Church of Jesus Christ of Latter-day Saints or its representatives all information and records with respect to any claim, physical or mental condition, treatment, or medical history, and evaluation thereof.

I understand that if I become sick or injured during my mission, the Church will provide initial payment for my medical expenses, except for pre-mission conditions, but payment by the Church is not intended to replace my personal insurance.

I hereby authorize The Church of Jesus Christ of Latter-day Saints to collect, process, and transfer to other countries for Church purposes my personal data, including explicit sensitive data, in accordance with the Church Data Privacy Policy.

Missionary's signature	Date
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By signing below, I hereby authorize and request that The Church of Jesus Christ of Latter-day Saints be reimbursed for all amounts paid to providers, which amounts are the primary obligation of the above-named insurance company(s), and I authorize the Church to undertake all appropriate measures to recover said amounts.

Policy holder's signature	Date
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