



# Short Term Applicant Health Questionnaire

*Youth With A Mission Las Vegas*

**Please answer the following questions:**

1. Are you able to walk 5-6 miles a day?    Yes    No

2. Are you underweight or over weight? \_\_\_\_\_

3. Are you under medical supervision at this time, or presently taking any medication?    Yes    No

If yes, please list medications and reasons for medical supervision \_\_\_\_\_  
\_\_\_\_\_

4. Do you have any dietary limitations of which we should be aware? \_\_\_\_\_  
\_\_\_\_\_

5. Are you asthmatic?    Yes    No                    Do you have any allergies? \_\_\_\_\_

6. Are you able to work outdoors in high temperatures?            Yes    No

7. Would you consider yourself to be in generally good health?            Yes    No

Note:    Please make additional comments regarding your health or special limitations affecting physical capabilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_