FOLLOW

DIOCESE OF SAN BERNARDINO · OFFICE OF VOCATIONS

Physician Examination

CONFIDENTIAL

STEP 1
Fill in Part 1 and sign the release.

STEP 2
Give the whole form to your doctor at your physical exam.

STEP 3
Your doctor mails it, with lab reports, straight to the Vocations Office.

Part 1 · Applicant

COMPLETED BY THE APPLICANT

Applicant's full name

Date of birth

Release of medical information

I grant permission to the Vocations Director of the Diocese of San Bernardino, and Rector of St. Junipero Serra House of Formation to speak with my doctor regarding my medical condition and so that any additional statements and interpretation of my medical condition might be ascertained as they pertain to my ability to undergo serious graduate studies.

Applicant's signature

Date

Part 2 · Examining physician

COMPLETED BY THE PHYSICIAN

The above-named individual is applying for admission to a program of Priestly Formation in the Roman Catholic Bishop of San Bernardino. Part of the application process includes a thorough physical examination. Church law requires that applicants must have good health which will enable them to undergo the rigors of the seminary as well as the life-long obligations of the priesthood. We rely on your professional expertise to assist us to determine that this applicant is in good health. Thank you.

NOTE: This information is strictly for the use of the Diocese of San Bernardino and will not be released to anyone else without the knowledge or consent of the applicant.

Vital signs

MEASUREMENT	RESULTS
Blood Pressure	
Pulse Rate	
Temperature	
Respiration / Respiratory Rate	
Height	
Weight	
Corrected Vision: Right Eye	
Corrected Vision: Left Eye	

Physical examination

Describe any abnormal findings. Leave blank or write “normal” if none.

SYSTEM	FINDINGS
Head and Neck	
Chest/Lungs	
Heart	
Abdomen	
Genitalia	
Ano-Rectal & Prostate	
Musculo-Skeletal	
Neurological	
Skin	

Required laboratory

> REQUIRED LABORATORY: CBC, Urinalysis, Fasting Chemistry 24, Serology, TB Test, HIV antibody (AIDS test). For patients over 35 years of age, Chest X-ray and EKG are also required.
>
> NOTE: The above required laboratory studies are in addition to any studies indicated by the History and Physical Examination.
>
> Please attach copies of all laboratory reports to this form.

TEST	RESULTS
Tuberculin Skin Test	
Urinalysis	
HIV	
Chest X-Ray	

Recommendations

Recommendations for physical activity:

☐ Unlimited ☐ Limited

If limited, please explain:

Do you have any recommendations regarding the care of this patient?

☐ Yes ☐ No

Recommendations:

Is applicant now under treatment for any medical or emotional condition?

☐ Yes ☐ No

If yes, please explain:

Physician

Physician's name

Phone

Practice address

Physician's signature

Date

PHYSICIAN: PLEASE MAIL THE COMPLETED FORM TO

Office of Vocations · Diocese of San Bernardino
12716 Oriole Ave., Grand Terrace, CA 92313

Prefer to fill it in online?
form.jotform.com/252395655540058