

## VISION

**TO SEE** the light of the gospel shining throughout North Korea and its surrounding nations, and its people strengthened by the message of faith.

## MISSION

Through practical and spiritual means we will see the light of the Gospel shining throughout North Korea and all the nations beyond.

NORTH KOREA & BEYOND



## Medical Assessment Form



**Confidential**

Thank you for agreeing to complete this Medical Assessment on behalf of NKandBeyond Missions International. It is vital that the participants in this mission trip are capable of dealing with the physical and emotional demands that will be placed on them. As such, this medical assessment is a vital part of the candidate selection process. Information contained within it will be dealt with the strictest confidence by the selection panel.

### **Personal Details - to be filled up by the Applicant**

PLEASE USE BLOCK CAPITALS ONLY

Title	First Name	Last Name
Date of birth	Height	Weight
	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address		
City	County	Postcode / Zip
Country	Telephone	Fax

### **Clinic Information**

PLEASE USE BLOCK CAPITALS ONLY

Date of Assessment	
Name of Doctor who is assessing	
Name of Clinic or Surgery	
Address	
Telephone No.	Fax No.
Doctor's Signature:	

### **Medical informations**

Observations:	
Blood Pressure	Temperature
Heart Rate	BMI

