Instructions for Making Application for Postulancy

Enclosed are several forms you are required to complete in order to enter the process that leads to Postulancy, the first step towards ordained ministry. Read all directions carefully before starting work. Typing is preferable, but you may print. Make copies of all data for your personal files. In the event a document is lost you will then have a back-up copy.

"Information Form" (1 copy)
Carefully read the document and answer all questions. Complete and return to the Diocesan office.

"Authorization to Release Information, Release of Claims and Indemnity and Hold Harmless Agreement" (2 copies)
Carefully read the document. Initial each of the four pages. Sign at the end of page 4 and have the document witnessed. Return one copy to the diocesan office and take the second copy to the mental health professional conducting the clinical examination.

"Behavior Screening Questionnaire (BSQ)" (2 copies)
Carefully read the four-page document and answer all questions. Complete both copies, sign at the end of page 4 and have the document witnessed. Return one copy to the diocesan office and take the second copy to the mental health professional conducting the clinical examination.

"Life History Questionnaire" (1 copy)
Complete the document prior to your appointment with the mental health professional and take it with you at the time of your initial appointment. This confidential document remains in the exclusive custody of the clinician.

"Required Mental Health Evaluation from Psychiatrist or Clinical Psychologist: (1 copy)
Give this to the mental health professional at the time of your initial clinical examination. When it is completed the clinician will return it to the diocesan office. The bishop may share this document with the Standing Committee, Commission on Ministry and other canonically established bodies involved in the ordination process.

"Required Medical Examination" (1 copy)
Schedule an appointment with your own family physician and take this form with you at the time of your appointment. Have the physician return it to the Reverend Henry G. Randolph, Jr., 117 N. Lafayette Blvd., South Bend, IN 46601.

Upon receipt of these instructions you may make an appointment with Dr. Dominic Vachon at 574.631.9536. His office is located on the campus of the University of Notre Dame. Dr. Vachon will then arrange for you to come to our office to complete two psychological instruments, after which time you will meet with him in his office.

If you have any questions you may contact Father Randolph at 574.264.4039 or vocations@ednin.org .

The Diocese of Northern Indiana

INFORMATION FORM

During the period of discernment for the Diaconate or Priesthood please complete this information form and return it to the Diocesan Office:

The Diocese of Northern Indiana
117 North Lafayette Boulevard
South Bend IN 46601-1587

1 Name ______________________________

2 Present Address ______________________________

____
City State Zip

3 Work Telephone Number ______________________________

4 Home Telephone Number ______________________________

5 Cell Telephone Number ______________________________

6 Email Address ______________________________

Permanent Address *If different from above*

____

____

Permanent Telephone Number ______________________________

7 Sex __________ Birth Date __________ Birth Place __________

8 Parish ______________________________

9 How long? ______________________________

10 How long in Diocese? ______________________________

11 Date of Baptism __________ Place of Baptism __________

12 Date of Confirmation ________________ Diocese ______________________

13 Parish where confirmed ____

14 Have you applied previously for Postulancy? __________________________
If yes, when? Briefly describe resulting action.

15 Are you currently enrolled in an educational institution? *If yes, where?*

____

16 High School attended ____

17 Where ____

18

College/University	Years Enrolled *from - to*	Degree	Major

19 Principal extracurricular activities. *Indicate whether in high school or college or both by circling abbreviation at right.*

____ HS College

____ HS College

____ HS College

____ HS College

20 Total years of education to date, beyond high school *Circle number*

1 2 3 4 — college

5 6 7 8 — graduate/professional school

21 Write a brief account of your work history, describing types of work done, time on each job, reasons for change of job, and type of work liked least and best. *Use a separate page if needed.*

Work History:

22 Parents ____
Father's Name Address

____
Mother's Name Address

23 Father's Occupation ______________________________

24 Mother's Occupation ______________________________

25 Religious Preference: Father ______________________________

Mother ______________________________

26 Write a brief description of each parent's feelings about your intention to seek to enter Holy Orders.

27 Marital Status *Circle one* Single Married Divorced Separated Widowed
If single and never married, skip to # 29.

28 If married, please provide the following information about your spouse:

Name ____________________ Birth Date __________

If married, length of marriage ________ Previous marriage __________

If married before, dates of previous marriage ____________________
If previous marriage ended in divorce, please provide a true copy of the final decree of divorce.

If married before, were you re-married in The Episcopal Church? ________

Is spouse employed outside of home? ________ If yes, where?

____

Write a brief description of your spouse's feelings about your intention to enter Holy Orders.

Is your spouse a confirmed member of The Episcopal Church? ____________
If yes, how long? ______________

Children: *Name*	*Birth Date*	*Sex*	*Baptized*	*Confirmed*

29 Attach a brief but comprehensive autobiography, including personal history, your relationship with the Church, and your reasons for desiring Holy Orders. Please include a recent photo.

30 References *Please provide the names, addresses, and telephone numbers of three individuals whom you have asked to serve as character references.*

____

____

____

________________ Date

______________________________ Signature

If you have any questions, please contact the Rev'd Henry G Randolph Jr, Vocations Director of the Diocese, at his office at Saint David's Parish, Elkhart. Telephone: (574) 264-4039. Email: vocdir@stdavidelkhart.org.

(For Release of Information to Diocese)

AUTHORIZATION TO RELEASE INFORMATION, RELEASE OF CLAIMS

AND

INDEMNITY AND HOLD HARMLESS AGREEMENT

(referred to herein as "Authorization and Release")

Name of Applicant:

Social Security Number:

Permanent Address of Applicant:

Current Address of Applicant if Different from Above:

Telephone Numbers: Work (_____) _____ - ________ Home (_____) _____ - ________

Today's Date _____/_____/_____

1. I am voluntarily seeking to become or am presently a candidate for postulancy, ordination, and/or other ministry position (referred to herein as my "application") in The Episcopal Church through a process conducted by the Diocese of Northern Indiana ("Diocese"). I understand that as a part of the Diocese's decision making process about my application I am required to undergo a psychiatric and/or psychological assessment ("Assessment") by a person or persons selected or approved by the Diocese.

2. I understand that the Assessment is only one part of the Diocese's decision making process and that information provided to the Diocese about the Assessment may be considered with other information available to the Diocese in deciding whether or not to accept me or to continue considering my application for postulancy, ordination and/or other ministry position in the Diocese. Nonetheless, I understand that information from the Assessment may be determinative of the Diocese's decision.

3. I voluntarily consent to participate in the Assessment and I agree to cooperate fully with the Assessment. I understand that the Assessment may include one or more attitude questionnaires, psychological tests, psychiatric tests, and/or clinical interviews. I understand that I will be asked to provide various types of information about myself which may include but not limited to, information about my family,

____
Initialed by Applicant

medical history, psychological and psychiatric history, criminal history, sexual behavior and attitudes, drug and alcohol use, relationships, education, and employment. I agree that all the information I provide for the Assessment will be true, correct and complete, to the best of my knowledge. I understand that false or misleading statements made by me or significant omissions of any kind in the Assessment process are sufficient cause for dismissal from the application process or denial of my application for a ministry position in the Diocese.

4. I authorize all mental health professionals involved in the Assessment to disclose to each other, both orally and in writing, all records and information, including opinions, pertaining to the Assessment, including but not limited to my responses to any questionnaires, tests and interview questions.

5. I understand that at the conclusion of the Assessment a written report may be prepared which will contain conclusions, opinions, observations, recommendations for follow-up and the like. I authorize the mental health professionals involved in the Assessment to disclose the written Assessment report to the Bishop or Ecclesiastical Authority of the Diocese. I authorize the Bishop or Ecclesiastical Authority to disclose to and discuss the written Assessment report with those involved in the application process. I authorize the mental health professionals involved in the Assessment to discuss the written Assessment report with the Bishop or Ecclesiastical Authority and those involved in the application process.

6. I understand and agree that whether or not I have paid for the Assessment or any part thereof, all of the records and documents related to the Assessment do not belong tome and I do not have the right to see them, have them reviewed by or sent to anyone else, or to receive a copy of them at any time. I further understand and agree that I am not entitled to discuss the Assessment with the personnel involved in the Assessment process nor am I entitled to have anyone else discuss the Assessment with them on my behalf. I agree that I will not request or seek to obtain from the Bishop or Ecclesiastical Authority or Diocese or from any of the personnel involved in the Assessment or from any other person or entity the originals or any copies of any records or documents related to the Assessment nor will I authorize anyone to do so on my behalf.

7. I understand that after the Assessment described herein, the Diocese may determine that further assessment is necessary before a decision is made on my application. If I elect to participate in such further assessment, all the terms of this Authorization and Release shall apply to any further assessment.

8. I understand and agree that the Diocese will have the right to control the use and disclosure of information regarding the Assessment both during consideration of my application and after consideration of my application has terminated, regardless of the action taken on my application, and that the Diocese does not have to obtain any further authorization from me to disclose any information regarding the Assessment or the written Assessment report.

____
Initialed by Applicant

9. I consent to the use of information that I provide or that is developed from the Assessment for research purposes, including but not limited to publication and presentation to the scientific or religious communities and/or other audiences, provided that if so used, the information will be presented in a disguised format to preclude identification of my individual identity.

10. As consideration for having my application considered by the Diocese, I hereby waive, release and discharge the Diocese and its officers, directors, employees, volunteers, agents and legal representatives, and all personnel and entities involved in conducting the Assessment and their officers, directors, employees, volunteers, agents, heirs, administrators, successors, assigns and legal representatives ("the Released Parties") from liability of all kinds including but not limited to personal injury, defamation, slander, libel, negligence, invasion of privacy, breach of contract, or otherwise, in law or in equity, arising out of my participation in the Assessment, use or disclosure of information regarding the Assessment, or arising in any other way as a result of the Assessment. I do not release the Released Parties from liability for willful or intentional acts or punitive damages.

11. I also agree not to sue or make a claim against the Released Parties for injury, damage, or loss of any kind sustained as a result of my participation in Assessment, the use or disclosure of information regarding the Assessment, or relating in any way to the Assessment. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any such action.

12. I agree that if any portion of this Authorization and Release is found by a court to be unenforceable for any reason, the remainder of the Authorization and Release shall remain valid and in full force and effect.

13. I have carefully read this authorization and release and fully understand its contents. I sign it of my own free will. I understand that I may consult with an attorney of my choice before signing this document. I acknowledge that I have had the opportunity to ask questions concerning the contents of Authorization and Release and any such questions have been answered to my satisfaction. Nonetheless, in agreeing to sign this Authorization and Release, I have not relied upon any statements or explanations made by any of the Released Parties or by any attorney of any of the Released Parties. I have initialed each page of this Authorization and Release indicating that I have read and understand each paragraph.

______________________________   ____/____/____

(Applicant's Signature)   (Date)

____

(Print or type Applicant's name)

____

Initialed by Applicant

____
(Witness' Signature)

____
(Print or type Witness' name)

____
Initialed by Applicant

CHURCH PENSION FUND
Serving the Episcopal Church and Its People

BEHAVIOR SCREENING QUESTIONNAIRE (BSQ)

Applicants for Holy Orders convey the completed form both to the examining mental health clinician(s) and to the diocese sponsoring the evaluation. This questionnaire remains in the clinician's custody and in the applicant's permanent diocesan file.

The examining clinician(s), diocese or any of its agents reserve the right to verify independently any information provided in this questionnaire.

All questions must be answered.

DIRECTIONS: This questionnaire contains a series of items regarding your background and experiences. Please read each carefully. For each question, type a response.

Do NOT skip items. If a question does not apply to you, type "Does Not Apply" or "N/A."

If you opt to handwrite this questionnaire, please use an **ink pen**.

1. Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, ecclesiastical body, or educational or training institution? Have there been formal complaints against you that did not result in discipline? Are there complaints pending against you before any of the above-named bodies? If yes, please explain in the space below.

2. Have you ever been asked to resign or been terminated by a training program or employer? If yes, please explain in the space below.

3. Have you ever had a civil suit brought against you relative to your professional work, or is any such action pending? Have you ever had professional malpractice insurance suspended or revoked for any reason? If yes, please explain in the space below.

4. Have you ever been charged with any ethics violations, or sexual harassment? Are any such actions pending against you? If yes, please explain in the space below.

5. Are you now or have you ever had sexual contact or attempted sexual contact (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons that you were/are seeing in any professional context (i.e., a parishioner, a client, a patient, an employee, a student)? If yes, please explain in the space below.

6. Since the age of 21, are you now or have you ever been engaged in sexual behavior (sexual intercourse of any kind, genital contact, intentional touching, or conversation for the purpose of sexual arousal) with persons under 18 years of age? If yes, please explain in the space below.

7. Are you now or have you ever been involved in the production, sale, or distribution of pornographic materials? If yes, please explain in the space below.

8. Have you ever been charged, arrested, or convicted for any crimes or misdemeanors? Have you ever been charged with moving traffic violations? Has your driver's license ever been revoked or suspended? If yes, please explain in the space below.

9. Have you ever had a restraining order, injunction, order for protection or the like issued against you as a result of allegations of domestic violence, abuse or the like? Have you ever had your parental rights restricted, suspended or terminated or have any of your children ever been in foster care? If yes, please explain below.

10. Have you ever misappropriated funds or otherwise breached fiduciary duties in any professional capacity? If yes, please explain below.

STATEMENT OF THE APPLICANT: (Please read carefully before signing.)

All information submitted by me in this questionnaire is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this questionnaire may be cause for denial of acceptance for postulancy or cause for dismissal from postulancy or the ministry.

I understand and agree that I will notify the Commission on Ministry of any changes in the status of my licensure, censure, or sanction by professional bodies and of any other information relating to my ability to act as a member of the ordained ministry.

_____
Name (please type or print)

___________________________ _____
Signature Date

_____
Sponsoring Diocese

___________________________ _____
Witness Signature Date

LIFE HISTORY QUESTIONNAIRE*

Applicants for Holy Orders receive this questionnaire for self-examination and preparation for the mental health evaluation required by the Canons of the Episcopal Church. This completed, confidential document is conveyed by the applicant directly to the mental health professional(s) conducting the clinical examination in whose custody it exclusively remains.

The examiner's conclusions following clinical examination are based upon a wide variety of test and interview responses. No individual question in this document determines the outcome of the clinical interview. Rather, the LHQ serves as a comprehensive foundation for the structured clinical interview. The examiner's final impressions, based in part upon this document and the clinical interview, form the basis of the Required Mental Health Evaluation Report Summary.

* Like other parts of the discernment process, this evaluation addresses the impact of previous and current life issues upon one's readiness for ordained ministry. This document, combined with the clinical interview, provides the applicant with an opportunity to discuss personal life and vocational goals in context with one's life history. This document, once completed, remains a part of the clinician's file and is not delivered to the diocese.

DIRECTIONS:	This questionnaire contains a series of items regarding your background, experiences, and beliefs. Please read each question carefully. For each question, type a response. For some items, you will be asked to type your answer in the space following each question. Other confidential questions will require you to check a response option for your answer.
DO NOT skip items.	If a question does not apply to you, type *"Does Not Apply"* or *"N/A."*

If you opt to handwrite this questionnaire, please use an **INK PEN.**

If you need additional space for an answer, please use the blank pages at the end of this questionnaire.

IDENTIFYING INFORMATION

Name (Last, First, MI):	Today's Date:
Current Address:	Birthdate:
City, State, Zip:	Age:
Telephone Number(s):	SSN:
Sponsoring Diocese:	

CURRENT LIFE STATUS

Social/Marital Status

1. What is your current marital status? (If separated or divorced, please complete all that apply.)
   - ☐ Single
   - ☐ Married Date: _____
   - ☐ Remarried Date: _____
   - ☐ Divorced Date: _____
   - ☐ Separated Date: _____
   - ☐ Other (describe): _____

2. With whom do you live at present? (Enter the names of all person(s) currently living with you, ages, and relationships.)

Name	Age	Relationship

3. Do you currently own or rent a home or condominium? ☐ Own ☐Rent

   Length of time at present address: _____

4. Do you or anyone in your family/household have any learning, medical, or emotional problems? ☐Yes ☐No
   If "**YES**," what are your/their needs?

5. Describe your current social support system indicating who the most important people in your life are.

6. Generally speaking, how is your physical health **RIGHT NOW**? Mark your response using the list below:

   ☐Failing ☐Average ☐Excellent
   ☐Very Poor ☐Above Average
   ☐Poor ☐Good
   ☐Below Average ☐Very good

7. Are you currently under the care of a physician for any medical condition(s)? ☐ Yes ☐ No
If "YES," please describe the condition(s) briefly:

8. Generally speaking, how is your mental health **RIGHT NOW**? Mark your response using the list below:

☐ Failing	☐ Average	☐ Excellent
☐ Very Poor	☐ Above Average	
☐ Poor	☐ Good	
☐ Below Average	☐ Very good	

9. Describe any present day life circumstances causing you distress including stressful life events and/or stressful roles.

10. Are you currently under the care of a mental health provider for any reason? ☐Yes ☐No
If "YES," please describe briefly:

11. Review the following list of problems. Mark any problems that may pertain to you in the present, past, or both.

Past	Present		Past	Present	
☐	☐	Nervousness	☐	☐	Depression
☐	☐	Fears	☐	☐	Headaches
☐	☐	Shyness	☐	☐	Tiredness
☐	☐	Finances	☐	☐	Separation
☐	☐	Divorce	☐	☐	Drug Use
☐	☐	Friends	☐	☐	Alcohol Use
☐	☐	Memory	☐	☐	Extreme Fatigue
☐	☐	Anger	☐	☐	Sleep
☐	☐	Unhappiness	☐	☐	Making Decisions
☐	☐	Self-control	☐	☐	Inhibited Sexual Desires
☐	☐	Ambition	☐	☐	Suicidal Thoughts
☐	☐	Inferiority Feelings	☐	☐	Concentration
☐	☐	Bowel Troubles	☐	☐	Stress
☐	☐	Insomnia	☐	☐	Temper
☐	☐	Nightmares	☐	☐	Career Choices
☐	☐	Loneliness	☐	☐	Relaxation
☐	☐	Pregnancy	☐	☐	Health Problems
☐	☐	Contraception	☐	☐	Marriage
☐	☐	Education	☐	☐	School
☐	☐	Parenting	☐	☐	Stomach Trouble
☐	☐	Children	☐	☐	Sadness
☐	☐	Work	☐	☐	Legal Matters
☐	☐	Substance Abuse	☐	☐	My Thoughts
☐	☐	Guilt Feelings	☐	☐	Energy (Increased or Decreased)
☐	☐	Relationships	☐	☐	Appetite (Increased or Decreased)
☐	☐	Crying Episodes	☐	☐	Intrusive or Unwanted Thoughts
☐	☐	Impotence	☐	☐	Dizziness/Fainting
☐	☐	Muscle Aches	☐	☐	Decreased/Increased Sexual Interest
☐	☐	Other	☐	☐	Other

Add comments regarding any problems you may have marked above:

12. What is your personal annual income from all sources?

- ☐ Under $15,000
- ☐ $15,000 -- $24,999
- ☐ $25,000 -- $39,999
- ☐ $40,000 -- $49,999
- ☐ $50,000 -- $59,999
- ☐ $60,000 -- $74,999
- ☐ $75,000 -- $99,999
- ☐ $100,000 -- $150,000
- ☐ Over $150,000 per year

13. What is your current occupational status?

☐ Employed Full-time ☐ Employed Part-time ☐ Unemployed

If “Employed,” please complete the following:

Current Employer: _____
Position Title: _____
Date Hired: _____

14. To whom are you responsible in your current position:

Supervisor’s Name: _____
Title: _____

15. Have you encountered any problems in this or prior professional relationships? ☐ Yes ☐ No
If “**YES**,” please describe:

16. How have you asked for help within your present job?

17. What kinds of people give you the most difficulty in your current position?

18. Describe the type of work you enjoy the most.

19. Describe the type of work you enjoy the least.

Family/Social/Developmental History

Father:

20. Father's Name: _____
    Date of Birth: _____ Age: _____ (If deceased, complete Item 21, otherwise go to Item 22.)
    Ethnic Background: _____
    Nature of Employment/Profession: _____

21. If your father is not alive, please answer the following questions:

    a. Year of his death: _____ c. Your age at his death: _____

    b. His age at death: _____ d. Cause of death: _____

22. I consider the following to have been true of my father while I was a child. (Mark all that apply.)

☐ Home very little, absent	☐ Home almost always, present
☐ Powerless, victim, target, helpless	☐ Powerful, capable, independent
☐ Sad, blue, pessimistic	☐ Optimistic, cheerful, hopeful
☐ Poorly read, uninformed	☐ Well-read, informed
☐ Uneducated	☐ Well-educated
☐ Thoughtless, shallow, superficial	☐ Thorough, substantial, thoughtful
☐ Inconsistent, easily upset, unstable	☐ Stable, calm, consistent
☐ Chaotic, unstable, unreliable	☐ Reliable, stable, orderly
☐ Closed, controlling	☐ Trusting, open
☐ Overly critical	☐ Esteem building or enhancing
☐ Rigid rules, restrictive	☐ Permissive, flexible rules
☐ Spanked, beat, hit, slapped, whipped	☐ Rarely disciplined physically
☐ Criticism, guilt, loss of love, shame	☐ Rarely disciplined emotionally
☐ Cold, distant, unavailable	☐ Available, warm, close
☐ Intrusive, disrespectful	☐ Respectful, considerate
☐ Critical, conditional	☐ Supportive, accepting
☐ Dishonest	☐ Especially honest
☐ Difficult for me to confide in	☐ Easy for me to confide in
☐ Difficult for me to respect	☐ Easy for me to respect
☐ Tense, worried, unsure	☐ Sure, secure, confident
☐ Passive, meek, timid	☐ Assertive, bold
☐ Self-centered, self-indulgent	☐ Generous, empathic
☐ In ill health or injured	☐ Always in good health
☐ Mis-used alcohol	☐ Drank none or very little
☐ Mis-used street drugs	☐ Used none or very little street drugs
☐ Mis-used medications	☐ Used medications only as prescribed

☐ Legal problems: _____

☐ Employment problems: _____

☐ Financial problems: _____

☐ Fidelity problems: _____

☐ Sexual problems: _____

☐ Marital problems: _____

☐ Other problems: _____

23. What kind of person was your father?

24. Describe your relationship with your father:

25. Describe your earliest memory of your father:

26. Please describe any substitute paternal influences throughout childhood/adolescence (e.g., stepfather, adopted father, "surrogate" father).

Mother:

27. Mother's Name: _____

Date of Birth: _____ Age: _____ (If deceased, complete Item 28, otherwise go to Item 29.)
Ethnic Background: _____

Nature of Employment/Profession: _____

28. If your mother is not alive, please answer the following questions:

a. Year of her death: _____ c. Your age at her death: _____
b. Her age at death: _____ d. Cause of death: _____

29. I consider the following to have been true of my mother while I was a child. (Mark all that apply.)

- ☐ Home very little, absent
- ☐ Powerless, victim, target, helpless
- ☐ Sad, blue, pessimistic
- ☐ Poorly read, uninformed
- ☐ Uneducated
- ☐ Thoughtless, shallow, superficial
- ☐ Inconsistent, easily upset, unstable
- ☐ Chaotic, unstable, unreliable
- ☐ Closed, controlling
- ☐ Overly critical
- ☐ Rigid rules, restrictive
- ☐ Spanked, beat, hit, slapped, whipped
- ☐ Criticism, guilt, loss of love, shame
- ☐ Cold, distant, unavailable
- ☐ Intrusive, disrespectful
- ☐ Critical, conditional
- ☐ Dishonest
- ☐ Difficult for me to confide in
- ☐ Difficult for me to respect
- ☐ Tense, worried, unsure
- ☐ Passive, meek, timid
- ☐ Self-centered, self-indulgent
- ☐ In ill health or injured
- ☐ Mis-used alcohol
- ☐ Mis-used street drugs
- ☐ Mis-used medications
- ☐ Legal problems: _____
- ☐ Employment problems: _____
- ☐ Financial problems: _____
- ☐ Fidelity problems: _____
- ☐ Sexual problems: _____
- ☐ Marital problems: _____
- ☐ Other problems: _____

- ☐ Home almost always, present
- ☐ Powerful, capable, independent
- ☐ Optimistic, cheerful, hopeful
- ☐ Well-read, informed
- ☐ Well-educated
- ☐ Thorough, substantial, thoughtful
- ☐ Stable, calm, consistent
- ☐ Reliable, stable, orderly
- ☐ Trusting, open
- ☐ Esteem building or enhancing
- ☐ Permissive, flexible rules
- ☐ Rarely disciplined physically
- ☐ Rarely disciplined emotionally
- ☐ Available, warm, close
- ☐ Respectful, considerate
- ☐ Supportive, accepting
- ☐ Especially honest
- ☐ Easy for me to confide in
- ☐ Easy for me to respect
- ☐ Sure, secure, confident
- ☐ Assertive, bold
- ☐ Generous, empathic
- ☐ Always in good health
- ☐ Drank none or very little
- ☐ Used none or very little street drugs
- ☐ Used medications only as prescribed

30. What kind of person was your mother?

31. Describe your relationship with your mother:

32. Describe your earliest memory of your mother:

33. Please describe any substitute maternal influences throughout childhood/adolescence (e.g., stepmother, adopted mother, "surrogate" mother).

Marital Status of your Parents:

34. Are your parents married, separated, divorced, or widowed? If they are separated or divorced, please describe the circumstances, including when they were divorced or how long any separation(s) have been.

35. Describe the *current* nature of your parents' relationship to each other.

36. Describe your parents' relationship to each other *while you were growing up.*

37. Were you raised by your parents? ☐ Yes ☐ No
If not, by whom were you raised?

Siblings

38. List all siblings from eldest to youngest (including any who may have died).

Sibling Name	Age/ Deceased	Current Location of Residence	Marital Status	Employment Status
a.				
b.				
c.				
d.				
e.				
f.				
g.				

39. Briefly describe each sibling and your relationship with him/her:

a.

b.

c.

d.

e.

f.

g.

Answer the following questions based on your knowledge of your childhood:

40. Was your mother's pregnancy and/or delivery of you difficult? ☐ Yes ☐ No

41. Did you have any unusual childhood illnesses? ☐ Yes ☐ No

42. Were you ever hospitalized as a child? ☐ Yes ☐ No

43. Did you have any serious or recurrent accidents as a child? ☐ Yes ☐ No

44. Any history of childhood or adult seizure disorder? ☐ Yes ☐ No

45. Any delays in learning how to walk, talk, or be toilet trained? ☐ Yes ☐ No

46. Did you ever have problems with bedwetting? ☐ Yes ☐ No

47. Any problems with your speech or language development? Stuttering? ☐ Yes ☐ No

48. Any serious difficulties with concentration or with sitting still? ☐ Yes ☐ No

49. Were you involved in fighting as a child? ☐ Yes ☐ No

50. Were you involved in truancy (skipping school)? ☐ Yes ☐ No

51. Did you experience the death of a sibling? ☐ Yes ☐ No

If you checked "YES" to any of the questions above, please provide a description of the circumstances or a more detailed response.

52. Briefly describe your childhood, including what it was like growing up in your family, going to school, and other important events and activities.

53. What was the best part about your childhood?

54. What was the worst part about your childhood?

55. What ways were you disciplined by your **father** as a child? (Mark all that apply).
   - ☐ Severe physical punishment, including beatings, hitting, etc.
   - ☐ Mild physical punishment, such as spanking.
   - ☐ Severe verbal punishment, such as yelling and screaming.
   - ☐ Mild verbal punishment.
   - ☐ Emotional withdrawal or isolation (for example, your father would emotionally withdraw from you, not talk to you, avoid you, etc.).
   - ☐ Public or private humiliation.
   - ☐ Gentle, but firm discipline (describe): ________________________________
   - ☐ Little or no discipline was provided by my father.
   - ☐ Other (describe): ____

56. What ways were you disciplined by your **mother** as a child? (Mark all that apply.)
- ☐ Severe physical punishment, including beatings, hitting, etc.
- ☐ Mild physical punishment, such as spanking.
- ☐ Severe verbal punishment, such as yelling and screaming.
- ☐ Mild verbal punishment.
- ☐ Emotional withdrawal or isolation (for example, your mother would emotionally withdraw from you, not talk to you, avoid you, etc.).
- ☐ Public or private humiliation.
- ☐ Gentle, but firm discipline (describe): _____
- ☐ Little or no discipline was provided by my mother.
- ☐ Other (describe): _____

57. How did you feel about the discipline you received?

58. Was there any physical, sexual, or emotional abuse in your family? Any parental neglect? If yes, was it of mild, moderate, or severe intensity? Who was or may have been involved? Please describe separately:
- ☐ Physical abuse: _____
- ☐ Sexual abuse: _____
- ☐ Emotional abuse: _____
- ☐ Parental neglect: _____

59. To what extent do you have any significant gaps in your memories of childhood and adolescence?

60. To what extent have childhood fears or phobias caused you serious distress or interfered with your family life or school performance? Use the list that follows as a guide. Indicate one or more categories that may have applied to you.
- ☐ Fear of the dark
- ☐ Fear of bugs, spiders, snakes
- ☐ Fear of being left alone
- ☐ Fear of going to school
- ☐ Fear of other animals
- ☐ Other fears (please specify): _____

Description of fear(s) or phobia(s) and the effect on you:

61. How often did you lie to your teachers or parents? (Select category.)
- ☐ Rarely, if ever
- ☐ Occasionally
- ☐ Regularly
- ☐ Often
- ☐ Almost every day

62. How often did you steal or shoplift things as a child or adolescent? (Select category.)

- ☐ Rarely, if ever
- ☐ Occasionally
- ☐ Regularly
- ☐ Often
- ☐ Almost every day

63. As a child or adolescent, did you have a best friend? Please describe:

64. Describe your peer group as a pre-adolescent. Mark all categories that apply.

- ☐ Large
- ☐ Small
- ☐ Popular
- ☐ Unpopular
- ☐ Based on sports
- ☐ Based on academics or other school experiences
- ☐ Mainly girls
- ☐ Mainly boys
- ☐ Mixed, boys and girls

65. Describe your peer group as an adolescent. Mark all categories that apply.

- ☐ Large
- ☐ Small
- ☐ Popular
- ☐ Unpopular
- ☐ Based on sports
- ☐ Based on academics or other school experiences
- ☐ Mainly girls
- ☐ Mainly boys
- ☐ Mixed, boys and girls

66. How old were you when you first reached puberty?

67. How old were you when you had your first romantic relationship?

68. To what extent is your present sexual life satisfactory to you? If it is not, please describe:

69. To what extent did you discuss sexual topics with your parents? Please describe:

70. As a child or teenager, were you ever raped, molested, or subjected to what you or others considered inappropriate sexual behavior by someone? ❑ Yes ❑ No
If "YES", please describe:

71. As a child or teenager, were you ever involved, sexually or romantically, with someone more than four years older than yourself? ❑ Yes ❑ No
If 'YES", please explain:

72. Has your sexual behavior ever caused you or anyone else any problems? ❑ Yes ❑ No
If 'YES', please explain:

73. I consider the following to have been true of me while I was a child. (Mark all that apply.)

☐ Parent at home very little, absent
☐ Adult-like, overly serious
☐ Powerless, victim, target, helpless
☐ Vain, arrogant, pretentious
☐ Sad, blue, pessimistic
☐ Poorly read, uninformed
☐ Uneducated, undereducated
☐ Thoughtless, shallow, superficial
☐ Impulsive, inconsistent, distractible
☐ Chaotic, unstable, unreliable
☐ Closed, controlling
☐ Cold, distant, unavailable
☐ Intrusive, disrespectful
☐ Critical, conditional
☐ Dishonest
☐ Bully, angry, violent
☐ Tense, worried, unsure
☐ Passive, meek, timid, frightened
☐ Self-centered, self-indulgent
☐ In ill health or injured
☐ Mis-used alcohol
☐ Mis-used street drugs
☐ Mis-used medications
☐ Legal problems: _____
☐ Employment problems: _____
☐ Financial problems: _____
☐ Sexual problems: _____
☐ Other problems: _____

☐ Parents at home almost always, present
☐ Playful, child-like, immature
☐ Powerful, capable, independent
☐ Humble, polite, simple
☐ Optimistic, cheerful, hopeful
☐ Well-read, informed
☐ Well educated, overeducated
☐ Thorough, substantial, thoughtful
☐ Ordered, consistent, planned
☐ Reliable, stable, orderly
☐ Trusting, open
☐ Available, warm, close
☐ Respectful, considerate
☐ Supportive, accepting
☐ Especially honest
☐ Victim, scapegoat, target
☐ Sure, secure, stable, calm
☐ Confident, assertive, bold
☐ Generous, empathic
☐ Always in good health
☐ Drank none or very little
☐ Used none or very little
☐ Used medications only as prescribed

Relationship/Marital History

74. List all marriages, cohabitations, divorces, and/or separations you have had. Include if you have been widowed. Note: In the table below, "Spouse / Partner Age," refers to age at the beginning of the relationship.

Nature of Relationship	Date (From/To)	Reason for Separation/Divorce	Spouse/Partner Age	Spouse/Partner Occupation
	/			
	/			
	/			
	/			
	/			
	/			
	/			

75. Do you have any children? ☐ Yes ☐ No
If "Yes," complete the following chart; if "No," skip to the next item.

Child's Name	**Relationship**	**Age**	**Residence**	**If not with you, indicate City and State of child's residence.**
	☐ Biological ☐ Adopted ☐ Step child ☐ Foster child ☐ Other (explain):		☐ With me ☐ With former spouse ☐ Other (explain):	
	☐ Biological ☐ Adopted ☐ Step child ☐ Foster child ☐ Other (explain):		☐ With me ☐ With former spouse ☐ Other (explain):	
	☐ Biological ☐ Adopted ☐ Step child ☐ Foster child ☐ Other (explain):		☐ With me ☐ With former spouse ☐ Other (explain):	
	☐ Biological ☐ Adopted ☐ Step child ☐ Foster child ☐ Other (explain):		☐ With me ☐ With former spouse ☐ Other (explain):	
	☐ Biological ☐ Adopted ☐ Step child ☐ Foster child ☐ Other (explain):		☐ With me ☐ With former spouse ☐ Other (explain):	

76. If you are presently involved with a spouse/partner, please describe two major problem areas you experience.

77. Do you have any birth children that were given up for adoption? ☐ Yes ☐ No

78. Have your parental rights ever been terminated or restricted? ☐ Yes ☐ No

79. Has any child of yours ever been placed in foster care? ☐ Yes ☐ No

If you checked "YES" to any of the previous 3 questions, please provide a description of the circumstances or a more detailed response.

Educational History

80. Please list **all** of the schools you have attended:

School Attended	Location	Dates of Attendance	Graduation Status	Degree(s) Received

81. Please describe your grades and academic performance in grade school, junior high, and high school.
Grade School:

Junior High School:

High School:

82. Did any of the following happen to you? Mark all that apply. If "**YES**," please explain.
- ☐ Expelled from school
- ☐ Suspended from school
- ☐ Held back for a year in school
- ☐ Advanced a grade
- ☐ Placed in a special class

Explanation of any of the above:

83. Do you have any learning disabilities? If "**YES**," please describe:

84. Indicate with a checkmark any special academic interests:
- ☐ Math and science
- ☐ Fine arts
- ☐ History
- ☐ Literature
- ☐ Philosophy
- ☐ Other (please specify): _____

85. Indicate the single academic area in which you are *most* competent. Make only **ONE** selection.
- ☐ Math and science
- ☐ Fine arts
- ☐ History
- ☐ Literature
- ☐ Philosophy
- ☐ Other (please specify): _____

86. Indicate the single academic area in which you are *least* competent. Mark only one selection.

- ☐ Math and science
- ☐ Fine arts
- ☐ History
- ☐ Literature
- ☐ Philosophy
- ☐ Other (please specify): _____

Occupational History

87. List all jobs which you have held, both paid and unpaid/voluntary, since you were 18 years old. Begin with your most recent position.

Position Title or Nature of Work	Location	Dates (From/To)	Reason for Leaving	Supervisor's Name
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		

88. Have you ever been fired from a position? ☐ Yes ☐ No

89. Have you ever prematurely/abruptly resigned from a position? ☐ Yes ☐ No

90. Have you ever been asked to resign from a position? ☐ Yes ☐ No

91. If you have ever supervised others as part of a position, have there been any difficulties? ☐ Yes ☐ No

92. Has tension or anger in a domestic relationship ever flowed into your workplace, affecting your relationships with supervisors or coworkers? ☐ Yes ☐ No

If you checked "YES" to any of the previous 5 questions, please provide a description of the circumstances or a more detailed response.

93.	Describe the worst problem you have experienced at a position and how you handled it.
94.	Describe, as specifically as possible, the characteristics of an ideal "supervisor" that would optimally motivate you?
95.	Describe at least two or three features of a satisfying ministry or work project you have concentrated on recently or in the past (e.g., working with others who are responsive to my ideas, seeing a particular project completed that I began).
96.	Describe the most important feature of a very satisfying work day for yourself.
97.	What personality traits or behaviors in others do you find difficult to accept or like?
98.	What personality traits in yourself do you think may sometimes be a problem for others?
99.	List the important ingredients of a successful career in the ministry.

Medical History

100.	Have you ever had any major medical problems?	☐ Yes ☐ No
101.	Have you ever been hospitalized for medical problems?	☐ Yes ☐ No
102.	Have you ever had problems with your heart, lungs, liver, or kidneys?	☐ Yes ☐ No
103.	Do you have any allergies to any medications?	☐ Yes ☐ No
104.	Have you ever had any surgery?	☐ Yes ☐ No
105.	Have you ever had a problem with your weight?	☐ Yes ☐ No
106.	Have you ever had major concerns about your weight, body size or shape?	☐ Yes ☐ No

If you checked "YES" to any of the questions above, please provide a description of the circumstances or a more detailed response. (If you need more space, please use the pages provided at the end of this questionnaire.)

107. Do you currently take prescription medication for any medical problems? ☐ Yes ☐ No
If "YES," please list each medication, dose, duration of use, and reason for use.

	Medication	Dosage & Route	Medical Condition	Date Started	Date D/C
a.					
b.					
c.					

108. Do you currently take any non-prescription medication of any kind? ☐ Yes ☐ No
(e.g., laxatives, vitamins, food supplements, herbal preparations, over-the-counter sleeping pills)
If "**YES**," please list each medication, duration of use, and reason for use.

	Medication	Dosage & Route	Medical Condition	Date Started	Date D/C
a.					
b.					
c.					

109. Have you ever received alternative medical care (e.g., homeopathy, faith healing, etc.)? ☐ Yes ☐ No
If "YES," please describe:

110. Have you ever used any prescription medications in the past for more than two weeks? ☐ Yes ☐ No
If "YES," please list each medication, dose, duration of use, and reason for use.

	Medication	Dosage & Route	Medical Condition	Date Started	Date D/C
a.					
b.					
c.					

111. Have you ever had a major head injury? ☐ Yes ☐ No
If "yes," please describe each such occurrence, date of the injury, and whether you lost consciousness (and for how long you lost consciousness).

112. When was the last time you saw a physician? _____
For what reason?

113. How many times have you seen a physician in the last five years?

How many times have you seen a physician in the last year?

114. Have you ever disregarded a physician's or other health provider's advice? ☐ Yes ☐ No
If "YES," please explain.

115. Do you smoke cigarettes or use other tobacco products? ☐ Yes ☐ No
If "YES,"

☐ How much do you smoke/use daily? _____

☐ How long have you been smoking or using other tobacco products? _____

Describe any attempts to quit.

Psychiatric History

116. Have you ever sought professional help or a self-help program for emotional problems? ☐ Yes ☐ No
If "YES," complete the chart below.

Type of Care	Dates of Care or Duration	Reason for Visit/ Admission	Nature of Treament (psychotherapy, medication)	Your Response to Treatment
Outpatient				
Partial/Day Hospital				
Inpatient/ Residential				

117. Have you ever been or are you currently treated with medication for an emotional problem? ☐ Yes ☐ No
If "**YES**," complete the chart below.

	Medication	Dosage	Condition Being Treated	Date Started	Date Stopped
a.					
b.					
c.					

118. Have you ever seriously thought about taking your own life? ☐ Yes ☐ No
119. Have you ever attempted to kill yourself? ☐ Yes ☐ No
120. Have emotional problems ever significantly interfered with your work and/or academic performance? ☐ Yes ☐ No
121. Have you ever been a party to sexual abuse, child abuse, physical abuse, or sexual exploitation? ☐ Yes ☐ No

If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.

122. Have you ever engaged in, or been told that you have a diagnosis of any of the following? ☐ Yes ☐ No

If "YES," please mark that item and **describe** the circumstances.

- ☐ Exhibitionism (exposure of one's genitals to a stranger)
- ☐ Fetishism (use of non-living objects for sexual gratification)
- ☐ Frotteurism (rubbing a non-consenting person)
- ☐ Pedophilia (adult's sexual activity with a prepubescent child or adolescent)
- ☐ Sexual masochism (obtaining sexual gratification from being humiliated, beaten, bound, or otherwise made to suffer)
- ☐ Sexual sadism (inflicting psychological or physical suffering on someone else to obtain sexual satisfaction)
- ☐ Voyeurism (observing unsuspecting people, usually strangers, who are naked, disrobing, or engaging in sexual activity)

Circumstances:

123. To your knowledge, has any blood relative (grandparents, parents, aunts, uncles, nephews, cousins, siblings, or children) ever:

- ☐ received or sought out professional help for any emotional problem? ☐ Yes ☐ No
- ☐ been treated with medication for any emotional problem? ☐ Yes ☐ No
- ☐ received or sought out professional help for a drug or alcohol problem? ☐ Yes ☐ No
- ☐ had a history of untreated emotional and/or drug or alcohol problem? ☐ Yes ☐ No

If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.

124. In the past year, on average:
How many alcoholic drinks did you have each week? _____
How many drinks have you had in the past year?_____

125. Have you ever used/consumed alcohol on a daily basis? ☐ Yes ☐ No
How much did you use daily? _____
Over what period of time? _____

126. Have you ever drank so much that you could not remember what happened by the next morning? ☐ Yes ☐ No
If "Yes," describe the circumstances.

127. Have you ever tried to cut down on the amount you drink? ☐ Yes ☐ No

128. Have you ever become annoyed with others when they discuss your drinking? ☐ Yes ☐ No

129. Have others ever raised concerns about your drinking patterns or behavior while drinking? ☐ Yes ☐ No

130. Do you ever feel guilty about your drinking? ☐ Yes ☐ No

131. Have you ever taken a drink in the morning? ☐ Yes ☐ No

132. Has your drinking ever caused you problems at work, school, or at home with your family? ☐ Yes ☐ No

133. Have you ever been charged with or convicted for driving while intoxicated or driving under the influence of alcohol? ☐ Yes ☐ No

134. Is it ever hard for you to stop drinking after only one drink? ☐ Yes ☐ No

135. Did you ever take a drink before going out to a function where you know there will be no alcohol? ☐ Yes ☐ No

If you checked "YES" to any of the questions above, please provide a description of the circumstances or a more detailed response.

136. Place a checkmark beside any of the following drugs that you now use or have ever used:

- ☐ Marijuana or hashish
- ☐ Heroin or other narcotics
- ☐ Amphetamines
- ☐ Barbiturates or downers
- ☐ Tranquilizers of any kind*
- ☐ Hallucinogens (for example, mescaline, psilocybin)
- ☐ Cocaine
- ☐ Crack
- ☐ LSD
- ☐ Diet pills*
- ☐ Sleeping pills*
- ☐ PCP (angel dust)
- ☐ Laxatives and/or diuretics

☐ Other drug (specify): _____

☐ Other drug (specify): _____

* If you used these drugs while under the care of a physician and used them according to the physician's prescription/order, you do not need to complete the next section.

137. If you marked a substance above, list when you used the drug, over what period of time, and average daily and weekly amount of the drug used. Also state your longest period of abstinence from the drug.

Name of Drug	Date Usage Began	Date Stopped	Average Daily/ Weekly Amount Used	Longest Period Of Abstinence

138. Have you ever been treated for or sought professional help for a drug, alcohol or eating problem? ☐ Yes ☐ No

139. Have you ever attended Alcoholics Anonymous, Narcotics Anonymous, Narcotics Anonymous or any of the other 12-step programs? ☐ Yes ☐ No

If you checked "Yes" to either of the two questions above, complete the chart below:

Type of Care	Dates of Care or Duration	Reason for Visit/ Admission	Nature of Treament (psychotherapy, medication)	Your Response to Treatment
Outpatient/ Self-help				
Partial/Day Hospital				
Inpatient/ Residential				

Legal History

140. Have you ever been charged with a crime of any kind? ☐ Yes ☐ No
141. Have you ever been convicted of any crime? ☐ Yes ☐ No
142. Have you ever been placed on probation? ☐ Yes ☐ No
143. Have you ever been charged with traffic violations, including vehicular homicide or driving while intoxicated? ☐ Yes ☐ No
144. Has your drivers license ever been suspended or revoked? ☐ Yes ☐ No
145. Have you ever been incarcerated? ☐ Yes ☐ No
146. If you have been divorced, have you ever fallen behind on court-ordered child support or alimony payments? ☐ Yes ☐ No
147. Have you ever initiated a lawsuit? ☐ Yes ☐ No
148. Have you ever been a defendant in a lawsuit? ☐ Yes ☐ No

If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.

Financial History

149. Select the category which most closely approximates your family's annual income bracket during your childhood and adolescence:
- ☐ Under $15,000
- ☐ $15,000 -- $24,999
- ☐ $25,000 -- $39,999
- ☐ $40,000 -- $49,999
- ☐ $50,000 -- $59,999
- ☐ $60,000 -- $74,999
- ☐ $75,000 -- $99,999
- ☐ $100,000 -- $150,000
- ☐ Over $150,000 per year

150. Select the category which most closely approximates the highest annual income you have ever received:
- ☐ Under $15,000
- ☐ $15,000 -- $24,999
- ☐ $25,000 -- $39,999
- ☐ $40,000 -- $49,999
- ☐ $50,000 -- $59,999
- ☐ $60,000 -- $74,999
- ☐ $75,000 -- $99,999
- ☐ $100,000 -- $150,000
- ☐ Over $150,000 per year

What year did you reach this income level:

151. Has your family ever experienced any significant financial changes? ☐ Yes ☐ No
152. Are you currently or have you ever experienced serious financial difficulties? ☐ Yes ☐ No
153. Have you ever declared bankruptcy? ☐ Yes ☐ No
154. Do you have any ongoing problems with personal/family financial management? ☐ Yes ☐ No
(e.g. credit card debt, foreclosures, problems with debt collectors, compulsive gambling)

If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.

The following additional space is to be used to complete your answer to any questions. Please write the question number and your answer.

The following additional space is to be used to complete your answer to any questions. Please write the question number and your answer.

REQUIRED MENTAL HEALTH EVALUATION FROM PSYCHIATRIST OR CLINICAL PSYCHOLOGIST

When completed by the clinician, this report is sent to the Bishop and remains in the applicant's permanent file. It may be shared with the Standing Committee and other canonically established bodies involved in the ordination process.

REQUIRED MENTAL HEALTH EVALUATION FROM THE PSYCHIATRIST OR CLINICAL PSYCHOLOGIST FOR ORDINATIONS IN THE EPISCOPAL CHURCH

To The Right Reverend: ____
The Bishop of: ____

Name of Applicant: ____
Date and Length of Examinations: ____________________________________

1. Is there any serious maladjustment or limitation of the personality that, in your opinion, would disqualify the applicant for ordained ministry in the Episcopal Church?

Yes ☐ No ☐

2. Are there any signs in the present behavior of the applicant that suggest that, in your opinion, this person may become ill under the pressure of clergy life?

Yes ☐ No ☐

3. What is your impression of the applicant's ability to respond adequately and appropriately to the emotional demands placed upon him/her by the work or ordained ministry?

Good ☐ Fair ☐ Doubtful ☐ Poor ☐ No Comment ☐

4. What is your impression of the likelihood of the applicant becoming unstable or dysfunctional as a result of the nervous strain engendered by the role of the ordained minister?

Unlikely ☐ Likely ☐ Probably ☐ No Comment ☐

5. Have you reviewed a signed Behavior Screen Questionnaire (BSQ) completed by the applicant?

Yes ☐ No ☐

6. Are you conclusions based in part on review of the Life History Questionnaire (LHQ)?

Yes ☐ No ☐

____
Phone Number

____
Signature of Examiner (M.D. or Ph.D.) Date

____
Fax Number

____
Address

____
E-mail

____

01/04

CHURCH PENSION FUND
Serving the Episcopal Church and Its People

REQUIRED MEDICAL EXAMINATION

This report should be mailed by the examiner directly to the Bishop, and the information should be treated as strictly confidential. By submitting to this examination, the candidate consents to the use of the information herein in connection with his/her candidacy.

MEDICAL EXAMINATION

Name	Date of Birth
Your Home Address	Phone Number/Fax Number
Marital Status	Children and Ages
Notify in Case of Illness	Phone Number/Fax Number

Personal Physician	Physician's Address	Phone Number/Fax Number

Please answer all questions below "Yes" or "No;" provide full details n space at bottom for any questions answered "Yes."

	Have You	**Yes**	**No**
1.	Ever been rejected or paid extra money for insurance?	☐	☐
2.	Ever received Workmen's Compensation or other disability benefits?	☐	☐
3.	Been rejected for employment on account of any physical or mental condition?	☐	☐
4.	Ever received prescription drugs for mental illness or substance abuse?	☐	☐
5.	Ever been a patient in a hospital?	☐	☐
6.	Had any accidents, injuries or operations or contemplate any operation?	☐	☐
7.	Received disability benefits or medical leave for any medical/psychiatric condition?	☐	☐
8.	Had your medical or psychiatric fitness for a job or educational studies questioned by a supervisor or a supervising institution?	☐	☐
9.	Ever left school or any position because of ill health?	☐	☐
10.	Lost time from work or school in the past three years for medical reasons?	☐	☐

Provide *full details* here for all questions answered "Yes." *Full details* include the condition, dates and durations. List the question number when answering. Use additional sheets if necessary.

Outline for Physical Examination

1. (a) How long have you known applicant (b) in what relationship?
2. (a) height without shoes: Ft Ins (b) weight: lbs

Vital Signs

Temperature Pulse Respiration Blood Pressure
(arm, R ☐ or L ☐position)

Physical Examination: Check for within normal limits. Note positive findings in the space below.

Head			**Lymph Nodes**		
Eyes	Vision	☐		Enlargement, consistency and/or tenderness of cervical, axillary, epitrochlear, popliteal, and inguinal glands	☐
	Conjunctivae and sclerae	☐			
	Pupils size	☐			
	Reaction	☐			
	Equality	☐			
	Appearance	☐			
Ears	Hearing	☐			
	Air and bone conduction	☐	**Chest**		
	Appearance of tympanic membranes	☐		Appearance and function of chest wall	☐
Nose	Obstruction to breathing	☐	*Breasts*	Appearance, asymmetry, tenderness, masses, nipple discharge	☐
	Septal deviation and/or perforation	☐	*Lungs*	Type of respiration, character of breath sounds; presence of rales, rhonchi, wheezes or rubs	
	Discharge	☐	*Heart*		
Mouth	Sores	☐		Apex location, precordial movements or thrills	☐
	Dental status	☐	*Auscultation*		
	Appearance and palpation of mucosa tongue, gums floor of mouth	☐		Heart sounds: S1, S2, S3, S4	☐
	Appearance of tonsils, pharynx	☐		Presence of murmurs, clicks, rub, split sounds	☐
	Appearance & movement of uvula, palate gag reflex	☐		Radiation of murmurs	☐
Neck			**Pulses**		
	Palpable masses	☐		Cartoids	☐
	Thyroid	☐		Brachials	☐
	Location of trachea	☐		Radials	☐
	Venous engorgement	☐		Femorals	☐
	Bruits	☐		Dorsalis pedis	☐
	Flexibility	☐		Posterior Tibials	☐

Summary of positive findings:

Outline for Physical Examination
(continued from previous page)

Spine			**Neurological**		
	Mobility	☐		Mental status	☐
	Tenderness	☐		Cranial nerves	☐
	Curvature	☐		Cerebellar function	☐
Abdomen				Muscle strength	☐
	Appearance (distended, flat, scaphoid)	☐		Reflexes	☐
	Abnormal movements	☐		Gait and station	☐
	Dilated veins	☐		Rapid sensory exam including vibratory	☐
	Striae	☐			
Auscultation	Bowel sounds	☐	**Extremities**		
	Bruits	☐		Skin color	☐
	Rubs	☐		Temperature	☐
Percussion	Distention	☐		Texture	☐
	Organ size	☐		Varicosities	☐
Palpation	Resistance	☐		Clubbing	☐
	Tenderness	☐		Edema	☐
	Rebound	☐		Joint motions	☐
	Organs (liver, spleen, bladder)	☐		Muscular abnormalities	☐
	Masses	☐		Circumference	☐
	Epigastric or incisional hernia	☐			

Genital, Prostate or Pelvic Examination	**Rectal Exam and Stool Sample**
List any abnormal findings:	List positive findings:

LABORATORY	
CBC	
Fast Chem profile	
U/A	
EKG (if indicated)	
PPD	

On the basis of your examination, is the candidate free from any medical condition or other impediment that would render him/her unsuitable for the tasks of ordained ministry? (If you have any confidential information that would render the candidate unacceptable, please so indicate here and forward details to the Bishop by confidential communication.)

_______________________________________ M.D.
Examiner's Signature

Address

/
Phone Number/Fax Number

Check the appropriate box for the disorders you have or have had in the past.

Infectious Diseases	**Yes**	**No**	**Respiratory System**	**Yes**	**No**
Pneumonia	☐	☐	Sinus Infection	☐	☐
Frequent sore throats	☐	☐	Asthma	☐	☐
Dysentery (Chronic)	☐	☐	Hay fever	☐	☐
Infantile Paralysis (Polio)	☐	☐	Bronchitis	☐	☐
Syphilis	☐	☐	Pleurisy	☐	☐
Gonorrhea	☐	☐	Tuberculosis	☐	☐
Skin diseases or eczema	☐	☐	Chronic cough	☐	☐
Fevers	☐	☐	Chronic hoarseness	☐	☐
Recurrent Chills	☐	☐	Coughing up blood	☐	☐
Lymph node enlargement	☐	☐	Tobacco use	☐	☐
Heart and Blood Vessels	**Yes**	**No**	**Nervous System**	**Yes**	**No**
High or low blood pressure	☐	☐	Epileptic or other fits	☐	☐
Heart disease	☐	☐	Meningitis	☐	☐
Pain in chest	☐	☐	Mental or nervous diseases (family)	☐	☐
Rheumatic fever	☐	☐	Mental or nervous diseases (self)	☐	☐
Heart murmur	☐	☐	Dizzy spells	☐	☐
Palpitations	☐	☐	Fainting spells	☐	☐
Shortness of breath	☐	☐	Visual problems	☐	☐
Swollen ankles	☐	☐	Deafness	☐	☐
Anemia or blood disease	☐	☐	Ringing ears, hearing difficulty	☐	☐
Coagulation disorder	☐	☐	Paralysis	☐	☐
Elevated cholesterol	☐	☐	Weakness of limbs	☐	☐
			Numbness	☐	☐
Digestive System	**Yes**	**No**	**Miscellaneous**	**Yes**	**No**
Ulcers	☐	☐	Cancer	☐	☐
Jaundice	☐	☐	Lymphoma or Other Blood Disease	☐	☐
Hepatitis	☐	☐	Diabetes or sugar disease (family)	☐	☐
Recurrent diarrhea	☐	☐	Diabetes or sugar disease (self)	☐	☐
Bloody stools	☐	☐	Thyroid disease	☐	☐
Marked over or underweight	☐	☐	Foot problems	☐	☐
Recent weight loss	☐	☐	Back pain	☐	☐
Gall bladder disease	☐	☐	Joint pain	☐	☐
Hernia (rupture)	☐	☐	Allergy to any food, medicine or injection	☐	☐
Genitourinary System	**Yes**	**No**	Blood transfusions	☐	☐
Kidney disease	☐	☐	Arthritis	☐	☐
Kidney stones	☐	☐	Daily use of nicotine (past 5 years)	☐	☐
Prostate disease	☐	☐	Have you ever been a habitual user of any habit forming drugs or received treatment for alcoholism or drug abuse?	☐	☐
Bladder disease	☐	☐	Have you ever had any illnesses (mental or physical) or accidents other than those mentioned?	☐	☐
Blood in urine	☐	☐			
Pain in passing urine	☐	☐			
Urinary tract infection	☐	☐			

I hereby declare that my answers to the above questions are full and true.

____

(Full signature of applicant)

Signed at in my presence, this day of , .

____

(Physician)