**Eparchy of Edmonton  
Diaconal Formation Program  
Candidate Application Form**

**INSTRUCTIONS**

Please fill out this Application completely. Once finished, print out a complete copy of this Application (single-sided), sign the copy of the Application on page 11, and, if married, have your wife sign the Agreement on page 12. Staple each copy in the top right corner. Forward it to the Eparchial Vocations Director along with the following enclosures:

Personal Life History: written personal and vocation history, in chronological order, which includes your reflections on vocation, priesthood, and the Church (5-8 pages, single-spaced)

Curriculum Vitae (Resumé)

Passport Photograph - colour, please attached to front sheet with a paperclip. *(digital files are not acceptable)*

Explanations of certain questions asked in this Application on separate sheets *(if applicable)*

A recent Certificate of Baptism and Chrismation *(within six months before the date on this Application – photocopies/scans are not acceptable)*

Transcripts of all University/College (post-secondary) programs *(original copies to be sent directly from the University/College to Bishop’s Office - photocopies/scans are not acceptable)*

Transcripts of last year of Secondary School *(only if post-secondary degree is incomplete)*

Criminal Check *(original copy)*

Sexual Abuse Registry Check *(original copy)*

Medical Evaluation *(original copy)*

Vocational/Psychological Assessment *(if done before this application)*

Passport *(if applicable)*

Landed Immigrant Status *(if applicable)*

Student Visa *(if applicable)*

Marriage Certificate *(if applicable)*

Death Certificate of wife *(if applicable)*

Certified Certificate of Freedom to Marry *(if applicable, photocopies/scans are not acceptable)*

Certified copy of the civil Decree Absolute of Divorce *(if applicable, photocopies/scans are not acceptable)*

Dispensation from vows *(if applicable)*

You will need to undergo a vocational assessment with the results released to the Bishop if it has not been completed before this application. After all is received by the Eparchial Vocations Director, he will contact you for an intake interview. If you are accepted, you can then apply for studies at Newman Theological College—the Eparchial Vocations Director will assist you in this endeavour.

If you have any questions or concerns about this Application, please see the Eparchial Vocations Director.

*Revision: May 11, 2021*

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| **I. GENERAL INFORMATION** | | | | | |
| Full Name |  | | | | |
| Home Address |  | | | | |
| City, Province, Postal Code |  | | | | |
| Telephone – Home | Work | Cell |  |  | |  | |
| E-mail Address |  | | | | |
| Date of Birth *(yyyy/mm/dd)* |  | | Age | |  |
| Birthplace *(City, Province, Country)* |  | | | | |
| Social Insurance Number |  | | | | |
| Citizenship |  | | | | |
| *If you are not a Canadian citizen, then please provide the following information* | | | | | |
| Passport Number and Country of issuance *(Please provide photocopy)* |  | | | | |
| Landed Immigrant Status *(if Yes, please provide photocopy)* | Yes  No | | | | |
| Student Visa *(if Yes, please provide photocopy)* | Yes  No | | | | |
| Date of Entry into Canada *(yyyy/mm/dd)* |  | | | | |
| *Make sure to attach one recent passport photo of applicant (this must be an actual photograph).* | | | | | |

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| **II. MARITAL STATUS & FAMILY** | | | | |
| Marital Status | Single  Married  Widowed  Divorced  Other | | | |
| Name of Wife |  | | | |
| Is your wife Catholic? | Yes  No | | | |
| Date of Birth of Wife (yyyy/mm/dd) |  | | | |
| Date of Baptism of Wife (yyyy/mm/dd) |  | | | |
| Date of Marriage (yyyy/mm/dd) |  | | | |
| Telephone – Home | Work |Cell |  | |  |  |
| Email Address |  | | | |
| Names and Ages of Children |  | | | |
| *Please ensure that your wife writes an original letter supporting you and giving her permission in your application to become a diaconal candidate. Please include the original and one copy of that letter with this application, if applicable.*  *If you have been civilly divorced, please provide details of the date of your marriage and civil divorce. Please provide a certified copy of the civil Decree Absolute of Divorce.*  *If the marriage was the subject of a Decree of Nullity or other decision of a Church Marriage Tribunal, you should provide the information about the decision. For the information requested, you should use a separate sheet. In addition, you should ask the Marriage Tribunal to forward to the Vocation Director a certified copy of the decision.* | | | | |
| ***About your father*** | |  | | |
| Name | |  | | |
| Place of birth | |  | | |
| If living, please list contact information | |  | | |
| If deceased, please list year of death, age at death, and cause of death | |  | | |
| Religion | |  | | |
| Parish | |  | | |
| Occupation | |  | | |
| ***About your mother*** | |  | | |
| Name | |  | | |
| Place of birth | |  | | |
| If living, please list contact information | |  | | |
| If deceased, please list year of death, age at death, and cause of death | |  | | |
| Religion | |  | | |
| Parish | |  | | |
| Occupation | |  | | |
| Date of marriage *(yyyy/mm/dd)* | |  | | |
| Have your parents been separated or divorced? | | Yes  No | | |
| How many siblings do you have? | |  | | |
| Where are you in birth order? | |  | | |
| Briefly describe your home life as a child – the quality of all the relationships in your family, e.g., between parents, between parents and each child, between siblings. | |  | | |
| Have you ever been accused of a crime?  *(If Yes, please explain on separate sheet stating the nature of the crime, whether it went to court, whether you were found guilty, whether you spent time in prison, etc.)* | | Yes  No | | |
| Name and contact information to be notified in case of an emergency. | |  | | |

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| **III. RELIGIOUS BACKGROUND** | |
| Name of Home Parish |  |
| Name of Pastor |  |
| Address *(Street, City, Province, Postal)* |  |
| Telephone |  |
| Email Address |  |
| Sacraments *(Date (yyyy/mm/dd), Church, City and Province)* |  |
| Baptism |  |
| Chrismation |  |
| Please indicate the extent of your religious education (e.g. through parish catechism programs, etc.) |  |
| Indicate the frequency of your participation in the Divine Liturgy |  |
| How often to you receive the Sacrament of Confession? Holy Communion? | Confession:  Holy Communion: |
| Have you ever abandoned the Christian religion? | Yes  No |
| Have you ever denied or held an opinion contrary to the teachings of the Church with regard to faith or morals? | Yes  No |
| Have you ever belonged to a Church other than the Ukrainian Catholic Church?  *(If Yes, please indicate which church)* | Yes  No |
| Have you ever been ordained? *(If Yes, please explain on separate sheet)* | Yes  No |
| Have you ever impersonated a deacon, priest or bishop in a religious ceremony? *If applicable, please explain the time and circumstances of your return to the Ukrainian Catholic Church on a separate sheet.* | Yes  No |
| Were you ever involved with the Masons, other non-Christian religions/cults, including new age or occult? | Yes  No |
| Have you ever incurred an ecclesiastical penalty (excommunication, interdiction)? | Yes  No |
| **Previous Candidacy**  Have you been a diaconal candidate for another eparchy, seminary, religious order, or secular institute? When? Please give contact information. | Yes  No |
| What was your reason for not continuing? |  |
| *If you have ever been accepted before as a candidate for any other eparchy, seminary, or religious order, the Vocations Director will contact the appropriate authority requesting for a letter giving the reasons for your dismissal or departure.* | |

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| **IV. PERSONAL PROFILE** | |
| How long have you thought of becoming a deacon? What has led you to wish to study for the eparchial diaconate? |  |
| What skills, aptitudes and experiences do you have which may be valuable as a deacon? |  |
| Does your family and extended family members approve of your studying for the diaconate? | Yes  No |
| Describe your free time away from work. How much time do you have? What are your interests and hobbies? |  |
| Do you like to read? How much, and in what particular fields? Describe the kinds of books you read and give some of the titles. What periodicals do you read? |  |
| Have there ever been any fearful or distressing events in your life? If yes, please describe. |  |
| Are you at ease in the presence of others? |  |
| Would you characterize yourself as a person who enjoys helping others? |  |
| State some instances where you feel you have helped others. |  |
| Describe your own personality as you view it. |  |
| From your own experience, what are your greatest strengths? What do you consider to be your strongest qualities or characteristics? |  |
| Is there anything you would like to change about yourself? If yes, what? |  |
| Is there anything else you would like to say about yourself? |  |
| Please describe your understanding of the following:  A Deacon as a person of prayer |  |
| The Sacraments |  |
| Sacred Scripture |  |
| The Holy Eucharist |  |
| Church |  |
| Lay Pastoral Ministry |  |
| Role of Women in the Church |  |
| Participation of the Laity |  |
| Are there any articles of the Christian creeds, Catholic Doctrine (Magisterial teaching), Canon Law or Church discipline that you are not in agreement with? If yes, explain what you disagree with and why. |  |
| How would you handle these disagreements in your ministry as a Deacon? |  |
| If you become a Deacon, what do you think you will be able to contribute to the Church from the perspective of your gifts, experiences, and other personal qualities? How much time, on a weekly basis, are you willing to give to Diaconal Ministry? |  |
| How do you think that serving as a Deacon would make your life more meaningful? |  |
| As a Deacon what would most likely be your greatest difficulty in being effective? |  |

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| **V. CANONICAL STATUS** | |
| Have you ever committed yourself or been committed to a psychiatric facility? |  |
| Have you every publicly abandoned the Catholic Church; have you ever publicly advocated any views contrary to the teaching of the Catholic Church; have you ever joined another religious body by a formal act? |  |
| Are you validly married according to the laws of the Catholic Church? |  |
| Have you ever professed public or private religious vows? |  |
| Have you ever been involved in the taking of another human life; have you ever helped someone procure an abortion, performed an abortion, or positively cooperated in obtaining an abortion for another person? |  |
| Have you ever attempted suicide, self-mutilation, or the mutilation of others? |  |
| Have you ever impersonated a deacon, priest, or bishop? |  |
| Have you ever been excommunicated? |  |

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| **VI. EDUCATION** | |
| Elementary School 1 (Name, Place, Grades) |  |
| Elementary School 2 (Name, Place, Grades) |  |
| Secondary School 1 (Name, Place, Grades) |  |
| Secondary School 2 (Name, Place, Grades) |  |
| Average mark in last year of Secondary School |  |
| University/College 1 (Name, Place & Dates, Degree/Diploma) |  |
| University/College 2 (Name, Place & Dates, Degree/Diploma) |  |
| Have you ever been dismissed or voluntarily withdrawn from any school? | Yes  No *(If yes, please explain)* |
| Do you have a good working knowledge of the following languages? | ENGLISH  Speaking:  Yes  No  Written:  Yes  No  UKRAINIAN  Speaking:  Yes  No  Written:  Yes  No  FRENCH  Speaking:  Yes  No  Written:  Yes  No  Are there other languages in which you have speaking and writing ability? Do you know sign language? Please comment. |

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| **VII. HEALTH** | |
| *Please have your family doctor complete the Medical Evaluation form (2 copies) and enclose with this Application.* | |
| Name of Doctor |  |
| Address *(Street, City, Province, Postal)* |  |
| Telephone |  |
| Email Address |  |
| What type of health insurance coverage do you have? |  |
| Provincial Health Card Number | Number:  Province/Territory: |
| Are you in good health? | Yes  No |
| Do you have any chronic health problems (e.g. allergies, diabetes, epilepsy, etc.) or physical disabilities? *(If Yes, then explain on a separate sheet of paper)* | Yes  No |
| Do you possess an allergic condition to gluten (wheat)? | Yes  No |
| Are you currently taking any kind of medication? *(If Yes, please explain)* | Yes  No |

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| **VIII. WORK EXPERIENCE** | |
| *On a separate page, please list chronologically to the present any paid work you have done, including the military. Give dates, type of work, duration. Give the name and telephone number of at least one employer.* | |
| Which employment did you like the most? |  |
| Your most recent employment: |  |
| Company |  |
| Contact Person |  |
| Address |  |
| Telephone |  |
| Email Address |  |
| Job Title |  |
| Duration |  |
| Duties (in detail) |  |
| Have you ever been dismissed/fired from a job? Explain. |  |

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| **IX. PERSONAL INTERESTS AND SOCIAL EXPERIENCE** | |
| How much free time do you have apart from school and/or work and how is it spent generally? |  |
| To what social, service, or Church organization(s) do you belong? |  |
| Have you exercised any type of leadership in any of your free time activities? Describe. |  |
| If you are not married… |  |
| Do you have dating experience? | Yes  No |
| Have you gone steady? | Yes  No |
| Have you been engaged? | Yes  No *(If Yes, please explain on separate sheet)* |
| Are you currently dating? | Yes  No |

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| **X. PERSONAL LIFE HISTORY/AUTOBIOGRAPHY** |
| *Please provide written personal and vocation history, in chronological order, which includes information about early life, past education and/or specialized training, Church activity and service, and a brief description of the persons and events that have influenced your discernment thus far, as well as your reflections on vocation, priesthood, and the Church. Be sure to present significant life experiences, work experience, and significant religious experiences (5-8 pages, single-spaced, in duplicate)* |

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| **XI. AFFIDAVIT AND RELEASE OF INFORMATION AGREEMENT** |
| I certify that all statements contained in this application are complete and true. I understand and agree that the Bishop and Vocations Director(s) of the Eparchy of Edmonton may undertake independent steps to verify the accuracy and/or completeness of any statement contained herein or in the supporting documents including, but not restricted to, information concerning my credit standing, health, references, criminal record, moral character, and previous religious affiliation and formation.  I understand that if accepted as a diaconal candidate of the Eparchy of Edmonton this does not automatically mean that I will be ordained. I understand and acknowledge that as a condition of my acceptance as a diaconal candidate of the Eparchy of Edmonton that I will be required to undergo a full vocational assessment.  I consent to the sharing of the information contained in this application and its supporting documents with the Bishop and Vocations Director(s) of the Eparchy of Edmonton. |
| Signature of Applicant Date |
| **XII. AGREEMENT OF WIFE** |
| I hereby agree to my husband’s application to the Eparchy of Edmonton Diaconate Formation Program. |
| Signature of Applicant’s Wife Date |
|  |
| **XIII. LETTER OF RECOMMENDATION FROM YOUR PASTOR** |
| A Letter of Recommendation for diaconal formation from your Parish Priest must be forwarded directly by him to the Vocations Director. The Director will request this letter from your Pastor. |

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| **XIV. LETTERS OF REFERENCE** | |
| Four Letters of Reference are required. Please list the names and contact information for these references. References should be from educators, employers, those with whom you have ministered, etc. who can testify to your character and pastoral work. One reference is permitted from a member of the clergy (not your pastor) or those in religious or monastic life. References from family members or your Spiritual Director are not permitted. Do not request these Letters of Reference from anyone. The Vocations Director will contact each reference directly. | |
| **Reference 1**  Name  Address *(Street, City, Province, Postal)*  Telephone Email Address |  |
| **Reference 2**  Name  Address *(Street, City, Province, Postal)*  Telephone  Email Address |  |
| **Reference 3**  Name  Address *(Street, City, Province, Postal)*  Telephone  Email Address |  |
| **Reference 4**  Name  Address *(Street, City, Province, Postal)*  Telephone  Email Address |  |

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| **XV. CRIMINAL RECORD/SEXUAL ABUSE REGISTRY CHECK** |
| It is required that you provide an original copy each of a Criminal Record Check and a Sexual Abuse Registry Check along with this application. Each police jurisdiction handles these records differently. The records checks must be within six months before the date on this application form. |

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| **XVI. VOCATIONAL/PSYCHOLOGICAL ASSESSMENT** |
| As part of the application process, you will be required to undergo a vocational assessment. Your Bishop will decide where this assessment may be performed. Please check with the Vocations Director. |

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| **XVII. RECOMMENDATION OF BISHOP** |
| Having received and reviewed this application, having interviewed the candidate, and having heard from appropriate counsel, I am pleased to recommend:  *Name of candidate*  for admittance to the Eparchy of Edmonton Diaconal Formation Program.  Prot.  *Signature of Bishop Date*  ***Please note: The Bishop may desire to send a separate letter.*** |

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| **XVIII. APPLPICATION TO NEWMAN THEOLOGICAL COLLEGE** |
| Should you be accepted as a candidate by your Bishop, please note that for academic purposes a separate application should be completed for Newman Theological College in Edmonton. The Vocations Director will assist you in choosing the appropriate program of studies.  The Registrar Newman Theological College 10012-84 Street Edmonton, Alberta T6A 0B2  Phone: 780-392-2450 Fax: 780-462-4013 Email: [registrar@newman.edu](mailto:registrar@newman.edu) |

If you have any questions or concerns about this application form,

please see the Vocations Director.

Confidential

Health Form

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**Name of Applicant**

**Note to Applicant**

1. Please complete, date and sign the Medical History on page 1 BEFORE  
going to your physician.

2. Please complete, date and sign the consent on page 3.

**Note to examining Physician**

1. Review, date and sign the Medical History on page 1.

2. Complete, date and sign the Report of Health Evaluation on page 3.

3. Please return the completed form ***directly*** to the address below:

**Eparchial Vocations Director**

**Eparchy of Edmonton**

**9645 108 Avenue, Edmonton, AB T5H 1A3**

**REPORT OF MEDICAL HISTORY**

The applicant should complete this page BEFORE going to the physician for examination

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| Family Name | | | | | | | | | First & Other Names | | | | | | | | Date of Birth | | | | | | |
| Street Address | | | | | | | | | | | | | City or Town | | | | | | | | Province & Postal Code | | |
| **FAMILY HISTORY** | | | | | | | | | | | | | | | | | | | | | | | |
|  | AGE | | HEALTH | | | | | OCCUPATION | | | | | | AGE AT DEATH | | | | | | | CAUSE OF DEATH | | |
| FATHER |  | |  | | | | |  | | | | | |  | | | | | | |  | | |
| MOTHER |  | |  | | | | |  | | | | | |  | | | | | | |  | | |
| BROTHERS |  | |  | | | | |  | | | | | |  | | | | | | |  | | |
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| SISTERS |  | |  | | | | |  | | | | | |  | | | | | | |  | | |
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| Have any of your relatives ever had the following? | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Yes | | No | | Relationship | | | |  | | | | Yes | | | No | | Relationship | | | |
| Tuberculosis | | |  | |  | |  | | | | Arthritis | | | |  | | |  | |  | | | |
| Diabetes | | |  | |  | |  | | | | Stomach Disease | | | |  | | |  | |  | | | |
| Kidney Disease | | |  | |  | |  | | | | Asthma, Hay Fever | | | |  | | |  | |  | | | |
| Heart Disease | | |  | |  | |  | | | | Epilepsy, Convulsions | | | |  | | |  | |  | | | |
| Stroke | | |  | |  | |  | | | | Alcoholism | | | |  | | |  | |  | | | |
| **PERSONAL HISTORY** | | | | | | | | | | | | | | | | | | | | | | | |
| Please answer ALL questions.  For any “YES” answer, please provide details on page 2. | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU HAD? | | Yes | | No | | HAVE YOU HAD? | | | | Yes | | No | HAVE YOU HAD? | | | Yes | | | No | | HAVE YOU HAD? | Yes | No |
| Scarlet Fever | |  | |  | | Insomnia | | | |  | |  | Heart Palpitations | | |  | | |  | | Dizziness, Fainting |  |  |
| Measles | |  | |  | | Frequent Depression | | | |  | |  | High or Low Blood pressure | | |  | | |  | | Weakness, Paralysis |  |  |
| German Measles | |  | |  | | Worry or Nervousness | | | |  | |  | Rheumatic Fever | | |  | | |  | | Venereal Disease |  |  |
| Mumps | |  | |  | | Recurrent Headaches | | | |  | |  | Heart Murmur | | |  | | |  | | Albumin/Sugar in Urine |  |  |
| Chicken Pox | |  | |  | | Pain/Pressure in Chest | | | |  | |  | Joint Disease or Injury | | |  | | |  | | Frequent Urination |  |  |
| Malaria | |  | |  | | Hay fever, Asthma | | | |  | |  | “Trick” Knee, Shoulder, etc. | | |  | | |  | | Shortness of breath |  |  |
| Gum or Tooth Trouble | |  | |  | | Tuberculosis | | | |  | |  | Back Problems | | |  | | |  | | Recurrent Colds |  |  |
| Sinusitis | |  | |  | | Allergy | | | |  | |  | Tumour, Cancer, Cyst | | |  | | |  | | Chronic Cough |  |  |
| Eye Trouble | |  | |  | | - Penicillin | | | |  | |  | Jaundice | | |  | | |  | | Recurrent Diarrhea |  |  |
| Ear,Nose,Throat Trouble | |  | |  | | - Sulphonamides | | | |  | |  | Stomach or Intestinal Trouble | | |  | | |  | | Night Sweats |  |  |
| Surgery | |  | |  | | - Serum | | | |  | |  | Gallbladder Trouble | | |  | | |  | | Swelling of Glands |  |  |
| - Appendectomy | |  | |  | | - Foods (which) | | | |  | |  | Gallstones | | |  | | |  | | Skin Rash |  |  |
| - Tonsillectomy | |  | |  | | - Other | | | |  | |  | Rupture, Hernia | | |  | | |  | | Other |  |  |
| - Hernia Repair | |  | |  | | Head Injury with unconsciousness | | | |  | |  | Recent Gain or Loss of Weight | | |  | | |  | |  |  |  |
| - Other | |  | |  | |  | | | |  | |  |  | | |  | | |  | |  |  |  |
| **For any “Yes” answer below, please provide details on page 2.** | | | | | | | | | | | | | | | | | | | | | | **Yes** | **No** |
| 1. Has your physical activity been restricted during the past five years? | | | | | | | | | | | | | | | | | | | | | |  |  |
| 1. Have you had difficulty with school, studies or teachers? | | | | | | | | | | | | | | | | | | | | | |  |  |
| 1. Have you received treatment or counselling for a nervous condition, personality or character disorder, or emotional problem? | | | | | | | | | | | | | | | | | | | | | |  |  |
| 1. Have you had any illness or injury or been hospitalized other than already noted? | | | | | | | | | | | | | | | | | | | | | |  |  |
| 1. Other than routine check-ups, have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past five years? | | | | | | | | | | | | | | | | | | | | | |  |  |
| 1. Have you been rejected or discharged from military service because of physical, emotional or other reasons? | | | | | | | | | | | | | | | | | | | | | |  |  |
| 1. Do you have any question in regard to your health, family history or other matters that you would like to discuss? | | | | | | | | | | | | | | | | | | | | | |  |  |
| 1. Have you ever used intravenous or injected drugs? | | | | | | | | | | | | | | | | | | | | | |  |  |
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I hereby certify that the above information is true and complete.

**⌦** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

I have reviewed the above information

**⌦** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of examining Physician Date

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| **SPACE RESERVED FOR COMMENTS BY APPLICANT** |
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| **SPACE RESERVED FOR COMMENTS BY EXAMINING PHYSICIAN** |
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**IF NECESSARY, ADD A SHEET TO THIS FORM AND NUMBER IT AS PAGE 14B**

**REPORT OF HEALTH EVALUATION**

**TO THE EXAMINING PHYSICIAN:** Please review the applicant’s medical history on page 1 and complete the physician’s form. Please comment on all positive answers either from the history or the information from this page. Space is provided on page 14 for your comments. This information is strictly for the use of the eparchial admissions personnel as well as their medical advisors.

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| --- | --- | --- | --- | --- | --- |
| Family Name | | First & Other Names | | Date of Birth | |
| **HEALTH EVALUATION** | | | | | |
| Uncorrected Vision Distance - Right 20 / | | | BP: | | |
| - Left 20 / | | | Height: | | |
| Corrected Vision Distance - Right 20 / | | | Weight: | | |
| - Left 20 / | | |  | | |
| Near Vision Uncorrected - Right 20 / | | |  | | |
| - Left 20 / | | |  | | |
| Near Vision Corrected - Right 20 / | | | Tuberculin skin Test: 🔿 positive 🔿 negative | | |
| - Left 20 / | | |  | | |
| **URINALYSIS** | | | **IMMUNIZATION** | | |
| - Sugar: | | |  | | Date of  last injection |
| - Albumin: | | |
| - Micro: | | | Required – Tetanus within last 10 years? 🔿 yes 🔿 no  Recommended  - Polio 🔿 yes 🔿 no  - Diphtheria 🔿 yes 🔿 no | | 🞘  🞘  🞘 |
| VDRL: | | |
| HEP B SER.: | | |
| FASTING BLOOD SUGAR: | | |
| LIPID PROFILE: | | |
| TSH: | | |
| Are there abnormalities of the following systems? If yes, please comment on page 2. | | | | | |
| Head, Ears, Nose, Throat | 🔿 yes 🔿 no | | Genitourinary | | 🔿 yes 🔿 no |
| Respiratory | 🔿 yes 🔿 no | | Musculoskeletal | | 🔿 yes 🔿 no |
| Cardiovascular | 🔿 yes 🔿 no | | Metabolic / Endocrine | | 🔿 yes 🔿 no |
| Gastrointestinal | 🔿 yes 🔿 no | | Neuropsychiatric | | 🔿 yes 🔿 no |
| Hernia | 🔿 yes 🔿 no | | Skin | | 🔿 yes 🔿 no |
| Eyes | 🔿 yes 🔿 no | |  | |  |
|  | | |  | | |
| Is there loss or seriously impaired function of any paired organ? 🔿 yes 🔿 no  Recommendation for physical activity (PE, intramurals, etc.) 🔿 limited 🔿 unlimited  Is the patient under treatment for any medical or emotional condition? 🔿 yes 🔿 no  If you have any other comments, please use the space provided on page 2. | | | | | |
|  | | | | | |
| I,  the applicant, hereby consent to release of this medical report ***and all supporting documentation*** by the examining physician to the formation personnel of Ukrainian Catholic Eparchy of Edmonton and to their medical advisors. | | | ***Please print . . .***  Name of examining physician:  Address: | | |
| **⌦** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ | | | **⌦** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ | | |

Signature of Applicant Date Signature of examining Physician Date