List of Health Issues to Report on Application

Name: _____

Check all and include a brief comment/explanation where necessary.

CONDITION	**OMMENT/EXPLANATION**	
Infertility	NO ❑	YES ❑
Physical Deformity	NO ❑	YES ❑
AIDS	NO ❑	YES ❑
Syphilis	NO ❑	YES ❑
Gonorrhea	NO ❑	YES ❑
Other Sexually Transmitted Diseases	NO ❑	YES ❑
Epilepsy	NO ❑	YES ❑
Schizophrenia	NO ❑	YES ❑
Bi-Polar, Manic Depression, Psychosis	NO ❑	YES ❑
Other Mental Illness	NO ❑	YES ❑
Sickle Cell Anemia	NO ❑	YES ❑
Vision Problems	NO ❑	YES ❑
Hearing Problems	NO ❑	YES ❑
Other issues (i.e. homosexuality)	NO ❑	YES ❑
Compulsive habits or addictions to gambling, pornography, drugs or alcohol	NO ❑	YES ❑
Hereditary medical condition or disease	NO ❑	YES ❑

Please note any medications you are currently taking.

_____

_____

Other serious illness – Please explain.

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