



HEALTH FORM

Name: _____

Relationship to main applicant: _____

Mission to Amish People is requesting this information in order to help us assess your physical condition and medical needs.

1. Are you able to perform the essential functions of this job with or without reasonable accommodations?

2. Do you have any physical condition that may limit your ability to perform in the ministry? Yes No

If so, please explain:

3. How many days of work did you miss last year?

4. Do you use illegal drugs? Yes No

If yes, please explain:

Fill out this form on your computer, then save the completed document and either email or print/mail it to us.

Email: Add as an attachment with the rest of your application materials and send to jkeim@mapministry.org.

Mail: MAP Ministry, Attn: Joe Keim, 575 US-250, Greenwich, OH 44837 Office: (419) 962-1515