

1. Missionary Interview Questions

Interview Questions

For many members of The Church of Jesus Christ of Latter-day Saints, missionary service is a significant milestone in their lifelong spiritual growth. Church leaders desire that this sacred time of service be a joyous and faith-building experience for every missionary, from young men and women to senior couples. With this goal in mind, it is imperative that each missionary be appropriately prepared, worthy, and healthy.

During the interview process, your priesthood leaders will ask you the following questions. Please direct any questions you may have to your priesthood leaders.

Following these questions are references to more information from the scriptures, *Preach My Gospel: A Guide to Missionary Service*, *For the Strength of Youth*, and *True to the Faith: A Gospel Reference*. Please read and study all of this information.

1. Do you have faith in and a testimony of God the Eternal Father; His Son, Jesus Christ; and the Holy Ghost?
2. Do you have a testimony that Jesus Christ is the Only Begotten Son of God and the Savior and Redeemer of the world? Please share your testimony with me. How has the Atonement of Jesus Christ influenced your life?
3. What does it mean to you to repent? Do you feel that you have fully repented of past transgressions?
4. Will you share your testimony with me that the gospel and Church of Jesus Christ have been restored through the Prophet Joseph Smith and that [current Church President] is a prophet of God?
5. Do you have a testimony of the truthfulness of the Book of Mormon?
6. Full-time missionary service requires living gospel standards. What do you understand about the following standards?
 - a. The law of chastity
In reference to the law of chastity, have you always lived in accordance with what has been discussed? If not, how long ago did the transgression(s) occur? What have you done to repent?
 - b. Avoiding pornography
 - c. The law of tithing
 - d. The Word of Wisdom, including the use of drugs or the abuse of prescribed medications
 - e. Keeping the Sabbath day holy
 - f. Being honest in all you say and do
Have you lived in accordance with all of these standards? Are you now living in accordance with them? Will you live in accordance with them as a full-time missionary?
7. Do you have any legal actions pending against you?
8. Have you ever committed a serious violation of criminal law, regardless of whether or not you were arrested, you were convicted, or the record was expunged?
9. Have you ever sexually abused a child in any way, regardless of whether or not you were charged, you were convicted, or the record was expunged?
10. Have you ever committed any other serious transgression or misdeed that should be resolved before your mission?
11. Do you support, affiliate with, or agree with any group or individual whose teachings or practices are contrary to or oppose those accepted by The Church of Jesus Christ of Latter-day Saints?
12. Do you have any unpaid debts? How will these debts be paid off before your mission or managed while you serve a mission?

13. Do you currently have or have you ever had any physical, mental, or emotional condition that would make it difficult for you to maintain a normal missionary schedule, which requires that you work for 12–15 hours a day, including studying for 2–4 hours a day, walking or biking for up to 8–10 hours a day, and so forth?
14. Have you ever been diagnosed with or received treatment for dyslexia or other reading disorders? If so, are you comfortable reading the scriptures and other documents aloud? Do you believe that you could memorize appropriate scriptures and other information with the assistance of your companion? In what ways do you now compensate for this disorder?
15. Have you ever been diagnosed with or received treatment for a speech disorder? If so, are you comfortable speaking in front of others? Do you feel that you have adequate tools to help you learn, teach, and communicate?
16. Have you ever been on medication or otherwise treated for any of the following conditions: attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), anxiety, depression, obsessive-compulsive disorder (OCD), or autism spectrum disorder (including Asperger's)? If yes, please explain.
17. If you were being treated for one of these conditions and discontinued treatment, did you do so under a doctor's supervision? If not, why did you stop? How well have you been functioning without treatment or medication? When was the last time you were on medication for these issues?

Appendix

Repentance

"By this ye may know if a man repenteth of his sins—behold, he will confess them and forsake them" (Doctrine and Covenants 58:43).

"Repentance through the Atonement of Jesus Christ is another important principle of the gospel of Jesus Christ. Our faith in Christ and our love for Him lead us to repent, or to change our thoughts, beliefs, and behaviors that are not in harmony with His will. Repentance includes forming a fresh view of God, ourselves, and the world. When we repent, we feel godly sorrow and return to Him with full purpose of heart. We stop doing things that are wrong and continue doing things that are right. Bringing our lives in line with God's will through repentance and faith on Jesus Christ is a central purpose of our lives. We can return to live with God the Father only through Christ's grace and mercy, and we receive Christ's mercy on the condition of repentance.

"To repent, we recognize our sins and feel remorse, or godly sorrow. We confess our sins to God. We also confess very serious sins to God's authorized Church leaders, who will support us as we truly repent. We ask God to forgive us. We do all we can to correct the problems our actions may have caused; this is called restitution. As we repent, our view of ourselves and the world changes. As we change, we recognize that we are children of God and that we need not continue making the same mistakes over and over. If we sincerely repent, we turn away from our sins and do them no more. We resist any desire to commit sin. Our desire to follow God grows stronger and deeper.

"Sincere repentance brings several results. We feel God's forgiveness and His peace in our lives. Our guilt and sorrow are swept away. We feel the influence of the Spirit in greater abundance. And when we pass from this life, we will be more prepared to live with our Heavenly Father and His Son.

"Even after we have accepted Christ and repented of our sins, we may fall short and sin again. We should continually try to correct these transgressions remembering we 'can do all things through Christ which strengtheneth' us (Philippians 4:13). In addition, we should continually improve—develop Christlike qualities, grow in knowledge, and serve

1. Missionary Interview Questions—continued

more effectively. As we learn more about what the Savior wants for us, we will want to show our love by obeying Him. Thus, as we repent daily, we will find that our lives will change and improve. Our hearts and our behavior will become more Christlike. We will come to feel great joy in repenting daily" (*Preach My Gospel: A Guide to Missionary Service* [2019], 64).

The Law of Chastity

"Chastity is sexual purity, a condition that is 'pleasing unto God' (Jacob 2:7). To be chaste, you must be morally clean in your thoughts, words, and actions. You must not have any sexual relations before you are legally married" (*True to the Faith: A Gospel Reference* [2004], 29).

"[Before marriage,] do not participate in passionate kissing, lie with or on top of another person, or touch the private, sacred parts of another person's body, with or without clothing. Do not allow anyone to do such things with you" (*True to the Faith*, 32).

"Do not view, read, or listen to anything that depicts or describes the human body or sexual conduct in a way that can arouse sexual feelings. Pornographic materials are addictive and destructive. They can rob you of your self-respect and of a sense of the beauties of life. They can tear you down and lead you to evil thoughts and abusive conduct" (*True to the Faith*, 32).

"Like other violations of the law of chastity, homosexual activity is a serious sin. It is contrary to the purposes of human sexuality (see Romans 1:24–32). It distorts loving relationships and prevents people from receiving the blessings that can be found in family life and the saving ordinances of the gospel" (*True to the Faith*, 30–31).

"The Lord's standard regarding sexual purity is clear and unchanging. Do not have any sexual relations before marriage, and be completely faithful to your spouse after marriage. Do not allow the media, your peers, or others to persuade you that sexual intimacy before marriage is acceptable. . . .

"Never do anything that could lead to sexual transgression. Treat others with respect, not as objects used to satisfy lustful and selfish desires. Before marriage, do not participate in passionate kissing, lie on top of another person, or touch the private, sacred parts of another person's body, with or without clothing. Do not do anything else that arouses sexual feelings. Do not arouse those emotions in your own body" (*For the Strength of Youth* [booklet, 2011], 35–36).

"God delights in chastity. Chastity means limiting all sexual relations to one husband (for women) or one wife (for men). It also means strict abstinence from sexual relations before marriage and complete fidelity and loyalty to one's spouse after marriage. . . .

"Chastity requires faithfulness in thought and action. We must keep our thoughts clean and be modest in our dress, speech, and actions" (*Preach My Gospel*, 80).

The Law of Tithing

"One of the great blessings of membership in The Church of Jesus Christ of Latter-day Saints is the privilege of contributing to the growth of the kingdom of God through paying tithing. Tithing is an ancient, divine law. For example, the Old Testament prophet Abraham paid tithes of all he possessed (see Alma 13:15).

"To those who pay tithing, the Lord promises that He will 'open . . . the windows of heaven, and pour . . . out a blessing, that there shall not be room enough to receive it' (Malachi 3:10). These blessings may be temporal or spiritual, but they will come to those who obey this divine law.

"Tithing means one-tenth, and the Lord has commanded us to give a tenth of our increase, which is understood to mean income, that we may be blessed. The law of tithing gives us the opportunity to help build His kingdom. Our tithes are holy to the Lord, and we honor Him by paying tithing. God promises to abundantly bless those who pay an honest tithe. Those who do not pay tithing rob God (see Malachi 3:8). They keep for themselves something that rightfully belongs to Him. We should seek first the kingdom of God, and tithing is an important way of doing that.

Paying tithing is an expression of our faith. It is an outward sign of our belief in God and His work" (*Preach My Gospel*, 82–83).

The Word of Wisdom

"The Lord revealed to the Prophet Joseph Smith a law of health called the Word of Wisdom. This law teaches us what foods and substances we should and should not use to maintain the health of our bodies and to keep us free from evil influences. The Lord promises blessings of health, strength, protection against evil, and greater receptiveness to spiritual truths.

"Remember that our bodies are sacred. We should treat them with respect and reverence. The Word of Wisdom teaches that we are to eat healthy foods. It teaches very specifically that we are to avoid harmful substances, including alcohol, tobacco, tea, and coffee. We must also avoid harmful drugs in any form" (*Preach My Gospel*, 81).

Sabbath-Day Observance

"Our Sabbath-day behavior is a reflection of our commitment to honor and worship God. By keeping the Sabbath day holy, we show God our willingness to keep our covenants. Each Sabbath day we go to church to worship Him. While at church, members of the Church partake of the sacrament to remember Jesus Christ and His Atonement. Partaking of the sacrament allows us to renew our covenants and show that we are willing to repent of our sins and mistakes.

"On the Sabbath day, we enjoy a rest from our labors. As we attend Church services and worship together, we strengthen each other. We are renewed by our association with friends and family. Our faith is strengthened as we study the scriptures and learn more about the restored gospel.

"When a community or nation grows careless in its Sabbath activities, its religious life decays and all aspects of life are negatively affected. The blessings associated with keeping the Sabbath day holy are withheld. We should refrain from shopping on the Sabbath and participating in other commercial and sporting activities that make the Sabbath feel common.

"Instead, we should set this holy day apart from activities of the world by entering into a spirit of worship, thanksgiving, service, and activities with family and friends that are appropriate to the Sabbath. As Church members endeavor to make their Sabbath activities compatible with the intent and Spirit of the Lord, their lives will be filled with joy and peace" (*Preach My Gospel*, 77).

Honesty and Integrity

"Be honest with yourself, others, and God at all times. Being honest means choosing not to lie, steal, cheat, or deceive in any way. When you are honest, you build strength of character that will allow you to be of great service to God and others. You will be blessed with peace of mind and self-respect. You will be trusted by the Lord and will be worthy to enter into His holy temples.

"Dishonesty harms you and harms others as well. If you lie, steal, shoplift, or cheat, you damage your spirit and your relationships with others. Being honest will enhance your future opportunities and your ability to be guided by the Holy Ghost. Be honest at school; choose not to cheat in any way. Be honest in your job, giving a full amount of work for your pay. Do not rationalize that being dishonest is acceptable, even though others may think it does not matter.

"Closely associated with honesty is integrity. Integrity means thinking and doing what is right at all times, no matter what the consequences. When you have integrity, you are willing to live by your standards and beliefs even when no one is watching. Choose to live so that your thoughts and behavior are always in harmony with the gospel" (*For the Strength of Youth*, 19).

2. Missionary Recommendation

Personal Information

1. First name	2. Middle	3. Last name	4. Suffix	5. Missionary Photo
6. Home address				
7. City	8. State or province	9. Postal code		
10. Country	11. District			
12. Airport	13. Date available to serve			
14. Home phone	15. Mobile phone			
16. Can you receive text messages <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Email address			
18. Other states, provinces, or countries you have lived in				
19. Mailing address (if different)				
20. City		21. State or province	22. Postal code	
23. Country		24. District		
25. Confirmation date		26. Date of birth		
27. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	28. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married		29. Have you ever been <input type="checkbox"/> Widowed? <input type="checkbox"/> Divorced?	
30. Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	31. Have you ever had a police record? <input type="checkbox"/> Yes <input type="checkbox"/> No	32. Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
33. (If you answered yes to <i>any of these</i> , please explain, including date of arrest, charge, and resolution.)				

2. Missionary Recommendation—continued

Citizenship Information			
34. Citizenship at birth		35. Place of birth (city, state/province)	
36. Birth country		37. Current country of citizenship	38. If you have dual citizenship, indicate second country of citizenship
39. Do you have an official birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		40. Are you a documented citizen of your resident country? If no, what is your legal status? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41. Have you ever lived in a country while not properly documented to be in that country? <input type="checkbox"/> Yes <input type="checkbox"/> No		42. If yes, please provide dates, locations, and circumstances of when you lived in a country while not properly documented to be in that country	
43. Have you ever stayed in a country beyond the time allowed by your visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		44. If yes, please provide dates, locations, and circumstances of when you stayed in a country beyond the time allowed by your visa	
45. Does your citizenship status impose restrictions on traveling outside the country where you live? <input type="checkbox"/> Yes <input type="checkbox"/> No		46. What are the nationalities of your ancestors?	
47. Do you have a current passport? <input type="checkbox"/> Yes <input type="checkbox"/> No	48. Passport expiration date	49. Passport number	50. Country of issue
Name as it appears on passport			
51. First names		52. Last name	

Identification Information			
53. Do you have a current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	54. If no, alternate form of ID <input type="checkbox"/> Yes <input type="checkbox"/> No	55. Alternate ID type	56. Driver's license or ID number
Name as it appears on ID			
57. First names		58. Last name	
59. Country	60. State or province	61. Expiration date	62. Has your driver's license ever been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No

Father's Information				
63. First name	64. Middle	65. Last name	66. Is a member. <input type="checkbox"/> Yes <input type="checkbox"/> No	
67. Is deceased. <input type="checkbox"/> Yes <input type="checkbox"/> No	68. Birthplace		69. Occupation	
70. Home address				
71. City	72. State or province	73. Postal code	74. Country	75. District
76. Home phone		77. Email address		
78. Mobile phone		<input type="checkbox"/> 79. Check here if you do NOT want your father to be contacted.		

Mother's Information				
80. First name	81. Middle	82. Last name	83. Is a member. <input type="checkbox"/> Yes <input type="checkbox"/> No	
84. Is deceased. <input type="checkbox"/> Yes <input type="checkbox"/> No	85. Birthplace		86. Occupation	
87. Home address				
88. City	89. State or province	90. Postal code	91. Country	92. District
93. Home phone		94. Email address		
95. Mobile phone		<input type="checkbox"/> 96. Check here if you do NOT want your mother to be contacted.		

2. Missionary Recommendation—continued

Residence and Caregiver Information

97. You live with <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Caregiver	98. Caregiver name	99. Caregiver relationship
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100. If you do not live with both parents, please explain why.

101. Caregiver address

102. City	103. State or province	104. Postal code	105. Country	106. District
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107. Home phone	108. Email address
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109. Mobile phone	<input type="checkbox"/> 110. Check here if you do NOT want this person to be contacted.
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Other Family Members Who Have Served or Are Serving Missions

111. Father <input type="checkbox"/> Yes <input type="checkbox"/> No Name of mission	112. Mother <input type="checkbox"/> Yes <input type="checkbox"/> No Name of mission	113. Grandparents <input type="checkbox"/> Yes <input type="checkbox"/> No Name of mission
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114. Do you have any parent, sibling, grandparent, or boyfriend/girlfriend currently serving a mission?
 Yes No

115. If yes, list the name, relationship, and mission for each person

3. Education and Service of Missionary Candidate

Personal Information

1. Missionary name

Language Information

2. Primary language

3. Average language school grade

4. List up to 4 additional languages you speak	5. Rate speaking ability from 1 (little) to 5 (native)	6. Years studied	7. Average grade

8. What language would you like your call letter printed in?

9. How interested are you in learning a language

Very interested Interested Slightly interested Not interested

10. How successful would you be in learning a language

Very successful Successful Slightly successful Not successful

Education and Work Experience

11. Highest education level

12. Earned or will earn

High school or secondary school diploma Equivalent None

13. Graduation date

14. Rate your performance in schoolwork

Extremely good Very good Good Average Not very good Poor

15. Years of seminary or institute

16. Seminary graduate

Yes No

17. School

18. Number of years

19. Major

20. Degree

21. School

22. Number of years

23. Major

24. Degree

25. Extracurricular activities, special skills, hobbies, and special accomplishments

26. Previous Church callings and leadership experience

27. Work experience outside the home (include number of years in each job)

3. Education and Service of Missionary Candidate—continued

Military Information

28. Military experience <input type="checkbox"/> Yes <input type="checkbox"/> No	29. If yes, name of military organization	
30. Is military service mandatory in your country <input type="checkbox"/> Yes <input type="checkbox"/> No	31. If yes, have you met your military obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. If no, will you have an exemption or deferral <input type="checkbox"/> Yes <input type="checkbox"/> No	33. If no, when do you anticipate being called to military service? <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months or more	

Source of Funds Indicate how much money (in your local currency) will be contributed per month in support of your mission from the sources below. Enter single combined amount for a couple in "Self."

34. Local currency		35. Self	36. Family
37. Ward or branch	38. Other	39. Total per month	

Candidate Comments

40. Explain any special circumstances or situations that the Brethren should consider when making your mission call

4. Unit Information for Missionary Candidate

Personal Information

1. Missionary name

Home Unit Information

2. Ward/branch	3. Unit number	12. Stake/mission	13. Unit number
4. Ward bishop/branch president		14. Stake/mission president	
5. Mailing address		15. Mailing address	
6. City	7. State, province, or country	8. Postal code	16. City
			17. State, province, or country
			18. Postal code
9. Home phone	10. Mobile phone	19. Home phone	20. Mobile phone
11. Email address		21. Email address	

Submitting Unit Information (if other than home unit)

22. Ward/branch	23. Unit number	32. Stake/mission	33. Unit number
24. Ward bishop/branch president		34. Stake/mission president	
25. Mailing address		35. Mailing address	
26. City	27. State, province, or country	28. Postal code	36. City
			37. State, province, or country
			38. Postal code
29. Home phone	30. Mobile phone	39. Home phone	40. Mobile phone
31. Email address		41. Email address	

Funding Unit Information (if other than home unit)

42. Ward/branch	43. Unit number	52. Stake/mission	53. Unit number
44. Ward bishop/branch president		54. Stake/mission president	
45. Mailing address		55. Mailing address	
46. City	47. State, province, or country	48. Postal code	56. City
			57. State, province, or country
			58. Postal code
49. Home phone	50. Mobile phone	59. Home phone	60. Mobile phone
51. Email address		61. Email address	

Membership Unit Information (if other than home unit)

62. Ward/branch	63. Unit number	72. Stake/mission	73. Unit number
64. Ward bishop/branch president		74. Stake/mission president	
65. Mailing address		75. Mailing address	
66. City	67. State, province, or country	68. Postal code	76. City
			77. State, province, or country
			78. Postal code
69. Home phone	70. Mobile phone	79. Home phone	80. Mobile phone
71. Email address		81. Email address	

5. Bishop or Branch President Comments and Suggestions

Missionary Information

1. Missionary name	2. Record number
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Final Evaluation

3. Check the following when they are complete:

- The ward missionary fund will be able to meet its financial obligation for this missionary.
- I have reviewed all forms completed by the candidate. I agree that, to the best of my knowledge, the personal medical history of the missionary candidate is truthful and complete and that there are no medical or emotional issues that have been minimized or undisclosed by the candidate.
- The candidate has received a patriarchal blessing, or we have discussed receiving one before beginning missionary service.
- I have conducted a thorough interview and determined the candidate is worthy to hold a temple recommend and willing to serve where assigned.

4. Does this candidate have a serious physical, mental, or emotional limitation that should be considered when being assigned?

Yes No

5. Has the candidate continuously lived outside your ward for any significant time in the last year (school, military, employment, and so forth)?

Yes No

6. If yes, enter the date on which you conferred with the candidate's former bishop or branch president	7. Enter the name of the candidate's former bishop or branch president
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Bishop's or Branch President's Recommendation

8. Provide information on the qualifications and abilities of the missionary candidate. Comment on the experience, leadership capability, potential, interests, talents, or limitations of the candidate that should be considered in determining the mission assignment. Confidential comments should be discussed in a separate letter.

9. Please evaluate the missionary candidate's leadership capability

1	2	3	4	5
Low				High

When you sign this form, you are stating that in your opinion this individual has a testimony of the gospel and is worthy and willing to serve a mission wherever called. You are also confirming that you have reviewed the medical and dental information and conducted a thorough personal interview, which has convinced you that this person is physically and emotionally able to serve a mission.

10. Bishop's or branch president's signature	11. Telephone (include area code)	12. Date submitted
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13. Print name	14. Unit name	15. Unit number
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6. Stake or Mission President Comments and Suggestions

Missionary Information

1. Missionary name

2. Record number

Final Evaluation

3. Check the following when they are complete:

- I have verified that the bishop or branch president identified the correct funding unit.
- I have reviewed and confirmed all the completed information with the missionary candidate. I agree that, to the best of my knowledge, the personal medical history of the missionary candidate is truthful and complete.
- I have conducted a thorough interview and determined the candidate is worthy to hold a temple recommend and willing to serve where assigned.

4. Does this candidate have a serious physical, mental, or emotional limitation that should be considered when being assigned?

Yes No

5. If English is not the candidate's native language, have a native English speaker evaluate his or her English-speaking ability. The evaluator should use the following questions to interview the candidate and select the appropriate ranking, paying particular attention to the candidate's ability to use correct verb tenses, to answer appropriately, and to use sentences.

What did you do to prepare for your mission? What will you do on your mission to ensure that you are successful? Tell me about your favorite scripture.

Key: **Nonfunctional:** Does not respond to questions.

Partially Functional: Has difficulty responding to questions; does not use complete sentences or appropriate verb tense.

Functional: Responds appropriately to questions; uses complete sentences; generally uses proper verb tense.

Fluent: Understands and speaks with near-native ability; mostly uses proper verb tenses; responds confidently.

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No English	Nonfunctional	Partially Functional	Functional	Fluent

Stake or Mission President's Recommendation

6. Provide information on the qualifications and abilities of the missionary candidate. Comment on the experience, leadership capability, potential, interests, talents, or limitations of the candidate that should be considered in determining the mission assignment. Confidential comments should be discussed in a separate letter.

7. Please evaluate the missionary candidate's leadership capability

1	2	3	4	5
Low				High

When you sign this form, you are stating that in your opinion this individual has a testimony of the gospel and is worthy and willing to serve a mission wherever called. You are also confirming that you have reviewed the medical and dental information and conducted a thorough personal interview, which has convinced you that this person is physically and emotionally able to serve a mission.

8. Stake or mission president's signature

9. Telephone (include area code)

10. Date submitted

11. Print name

12. Unit name

13. Unit number

7. Personal Health History of Missionary Candidate

Personal Information

Missionary name

Health History

Please answer all of the following questions. Be honest with yourself, your physician, and the Lord. Major difficulties may result if this information is not complete and accurate. Please do not withhold or deny any medical information.

Key: Current = is currently occurring; Previous = occurred previously but is now resolved; Never = has never occurred

<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	1. Persisting difficulties from serious injury or deformity of your head or repeated concussions
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	2. Sight impairment, glaucoma, or cataracts (need for glasses or contacts; chronic eye infection)
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	3. Problems with hearing normal conversation (require a hearing aid)
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	4. Recurrent sinusitis, sore throat, ear infections, or nasal obstruction
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	5. Lung disease, emphysema, tuberculosis, shortness of breath, spitting or coughing up blood or colored sputum, or collapsed lung
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	6. Hay fever or allergies
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	7. Cystic fibrosis
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	8. Asthma
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	9. High blood pressure, irregular heart rhythm, congenital heart disease, coronary artery disease, or cardiomyopathy
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	10. Varicose veins or thrombophlebitis
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	11. Crohn's disease, ulcerative colitis, heartburn, reflux, ulcers, irritable bowel, chronic diarrhea, rectal bleeding, celiac disease, gluten intolerance, or other gastrointestinal disorders
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	12. Gall bladder disease or stones, hepatitis, or cirrhosis or other liver problems
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	13. Rupture (hernia) or varicocele
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	14. Diabetes type 1 (insulin deficiency)
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	15. Diabetes type 2 (insulin resistance)
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	16. Organ transplantation
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	17. Hypoglycemic attacks
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	18. Thyroid or other hormonal problems or unexplained weight loss
			19. Kidney or urinary difficulties
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	19.1 Kidney disease or failure
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	19.2 Kidney stones
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	19.3 Enuresis (bed-wetting)
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	20. Sexually transmitted disease
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	21. Skin condition, such as eczema or psoriasis
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	22. Acne requiring treatment
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	23. Sensitivity to the sun
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	24. Tattoos
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	25. Back or neck injury, arthritis in back or neck, spondylitis, chronic back or neck pain, or difficulty lifting things
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	26. Loss of any part, deformity, paralysis, joint pain, arthritis, or other problem in shoulder, elbow, hand, wrist, or other upper extremity
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	27. Loss of any part, deformity, paralysis, joint pain, arthritis, or other problem in foot, ankle, knee, hip, or other lower extremity
			28. Frequent or severe headaches
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	28.1 Migraine headaches
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	28.2 Tension or other headaches
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	29. Diagnosis of a condition affecting the nervous system that results in weakness or sensory loss, such as multiple sclerosis, Parkinson's disease, or stroke

7. Personal Health History of Missionary Candidate—continued

<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	30. Seizures or epilepsy
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	31. Frequent feelings of being sick or easily tired, anemia, or bleeding tendency
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	32. Chronic fatigue syndrome or fibromyalgia syndrome
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	33. Insomnia, difficulty sleeping, or sleepwalking
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	34. Tumors or cancer
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	35. Blood disorder (sickle cell, anemia, and so forth)
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	36. Endometriosis, painful menstruation, abnormal vaginal discharge, or uterine or ovarian tumors or cysts
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	37. Other diseases or problems with your physical health not already noted, including family history of HIV, AIDS, tuberculosis, or other disease
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	38. Surgery, hospitalization, or injuries not listed above
			39. Learning difficulties
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	39.1 ADD or ADHD
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	39.2 Dyslexia
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	39.3 Diagnosis of autistic spectrum disorder (Asperger's, autism, and so forth) or other developmental disorder
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	39.4 Reading disorder
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	39.5 Other learning disorders (including speech disorders)
			40. Emotional difficulties
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	40.1 Anxiety
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	40.2 Bipolar disorder
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	40.3 Depression (including suicidal plans or attempts)
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	40.4 Obsessive-compulsive disorder
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	40.5 Panic attacks, including hyperventilation
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	40.6 Separation anxiety (homesickness)
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	40.7 Self-harm (cutting, burning, scratching, and so forth)
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	41. Difficulty in relationships due to temper, moods, or habits (fights or aggressive behavior)
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	42. Schizophrenia or psychosis
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	43. Anorexia (deliberately skipping meals or eating small amounts), bulimia, or binge eating
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	44. Abuse of or dependency on prescription or over-the-counter medications, recreational drugs, or alcohol
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	45. Been a victim of physical, sexual, or emotional abuse from which you still suffer effects
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	46. Undiagnosed aches and pains
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	47. Professional counseling, treatment, or hospitalization for emotional problems
<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> Never	48. Other emotional problems
<input type="checkbox"/> Yes	<input type="checkbox"/> No		49. Are there any special considerations regarding your health and mobility (such as using a service or support animal, having a modified personal vehicle, or being unable to use public transportation)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No		50. Can work 12 to 15 hours per day, walk 6 to 8 miles per day, ride a bicycle 10 to 15 miles per day, and climb stairs daily
<input type="checkbox"/> Yes	<input type="checkbox"/> No		51. Will receive immunizations

Declaration and Authorization by Missionary Candidate

I declare that the statements made in the Personal Health History of Missionary Candidate are a complete and honest report of my health history. No personal health information has been withheld or misrepresented.

I hereby authorize The Church of Jesus Christ of Latter-day Saints to collect, process, and transfer to other countries for Church purposes my personal data, including sensitive data, in accordance with the [Church's Global Privacy Notice](#).

Missionary candidate's signature	Date
Parent or guardian's signature	Date

8. Personal Insurance Information of Missionary Candidate

Missionary Information

1. Missionary name

Health Care Information

2. How is your health care paid for (check one)?

- Private health insurance (complete section A)
 National or government health plan (complete section B)
 Personal direct payment (complete section C)

Section A: Private Health Insurance

3. Name of primary insurance company

4. Policyholder's name		5. Policyholder's date of birth		
6. Effective date of coverage	7. This coverage will terminate while you are serving as a missionary. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. If yes, give termination date (day, month, year)	
9. Policyholder's group number		10. Policyholder's ID number	11. Phone number of insurance company (include area code)	
12. Mailing address for submitting claims				
13. City	14. State or province	15. Postal code	16. Country	17. District (if any)

Coverage

18. Indicate where this insurance plan will provide benefits for services incurred while you are serving as a missionary.

- At your current location and within your state or province Full coverage Emergency coverage only

19. If full coverage, indicate what additional benefits are provided by your plan and which of them require prior authorization. (Check all that apply.)

	Provided	Prior authorization required
Hospitalization (inpatient or outpatient)	<input type="checkbox"/>	<input type="checkbox"/>
Medical (physician visits, lab, X-ray)	<input type="checkbox"/>	<input type="checkbox"/>
Prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>
Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>

20. This health plan has an annual deductible that must be met before benefits are provided.

- Yes No

21. If yes, indicate the amount

22. You have coverage from another insurance company.

- Yes No

23. If yes, indicate whether you will be covered by a health insurance plan while serving your mission.

- Yes No

8. Personal Insurance Information of Missionary Candidate—continued

Section B: National or Government Health Plan

24. Will the health plan cover you while serving?

Yes No

<i>If Yes</i>	<i>If No</i>
25. I will be covered: <input type="checkbox"/> Only if called to home country <input type="checkbox"/> Anywhere in the world <input type="checkbox"/> Only if called to certain countries (list countries):	26. If you have a chronic health condition (diabetes, anxiety, chronic back pain, and so forth), how do you plan to pay for your health care while in the mission field? 27. When you return home, how long will it take you to get back on your national health plan?

Section C: Personal Direct Payment

28. If you have a chronic health condition (diabetes, anxiety, chronic back pain, and so forth), how do you plan to pay for your health care while in the mission field?

Authorization for Release of Information—Young Missionary

I authorize any physician, medical practitioner, hospital, clinic, other health care provider, or insurance company to disclose to The Church of Jesus Christ of Latter-day Saints or its representatives and affiliated entities all information and records with respect to any claim, physical or mental condition, treatment, or medical history, and evaluation thereof.

I understand that if I become sick or injured during my mission, the Church will provide initial payment for my medical expenses, except for pre-emption conditions, but payment by the Church is not intended to replace my personal insurance.

I hereby authorize The Church of Jesus Christ of Latter-day Saints to collect, process, and transfer to other countries for Church purposes my personal data, including sensitive data, in accordance with the [Church's Global Privacy Notice](#).

Missionary candidate's signature	Date
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Authorization for Recovery from Provider—Parents of Young Missionary

By signing below, I hereby authorize and request that The Church of Jesus Christ of Latter-day Saints be reimbursed for all amounts paid to providers, which amounts are the primary obligation of the above-named insurance companies, and I authorize the Church to undertake all appropriate measures to recover said amounts.

Parent's or guardian's signature	Date
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9. Physician's Health Evaluation for Prospective Missionary

Missionary Information

1. Missionary name

2. Record number

Instructions for Physicians Evaluating Missionary Candidates

Missionaries for The Church of Jesus Christ of Latter-day Saints serve in various environments and cultures throughout the world. They are normally expected to engage in missionary activities many hours per day, including walking many miles a day, six days a week. The rigors of a mission usually exacerbate any prior difficulties. Please use the following guidelines in examining the missionary candidate:

1. The Physician's Health Evaluation for Prospective Missionary form must be signed by a medical doctor (MD), doctor of osteopathy (DO), physician assistant (PA), or nurse practitioner (NP). An examination by any other practitioner is not acceptable.
2. Please perform a thorough physical examination to ensure that missionaries receive assignments in which they can succeed. It is unfortunate when a missionary must return home early because of problems that could have been avoided or stabilized before the mission.
3. Correct any problems such as plantar warts, flat feet, chronic headaches, or inguinal hernias before the missionary candidate leaves for his or her mission. Explain to the candidate any problems that do not need correcting, such as a deviated nasal septum, varicocele, pilonidal disease, and so on, in case a physician in his or her mission insists that such a condition must be surgically corrected.
4. Stabilize chronic problems such as asthma, diabetes, seizures, emotional disorders, irritable bowel, endometriosis, and so on. Carefully instruct the candidate on the treatment for these problems, and explain personal care under diverse circumstances. Also explain the importance of continuing to take any prescribed medications.
5. Do not sign the Physician's Health Evaluation for Prospective Missionary form without reviewing the Personal Health History of Missionary Candidate form with the candidate. Please comment on each abnormality listed by the candidate.
6. When a major illness, operation, injury, hospitalization, or prolonged treatment is mentioned, please obtain a summary report of the incident from the professional who treated the case whenever possible. This report should accompany the candidate's recommendation.
7. Obtain necessary consultations to clarify the candidate's ability to function in the mission field as well as his or her current physical and emotional status where advisable.
8. Complete all specific laboratory tests, including TB testing, as indicated on the Physician's Health Evaluation for Prospective Missionary form.
9. Please mark the appropriate box indicating the candidate's overall ability to function in the mission field in the "Assessment of Functional Ability and Need for Medications or Medical Care" section.

9. Physician's Health Evaluation for Prospective Missionary—continued

To the physician: Please *type, print, or write legibly in black ink* when completing this form. Attach additional information if necessary. When you have completed the form, mail it and a copy of the Personal Health History of Missionary Candidate form directly to the candidate's bishop or branch president, using the envelope provided by the candidate. Your thorough evaluation and completion of all requested forms, information, and recommendations will be greatly appreciated. Where mail is unreliable, give the forms in a sealed envelope to the missionary candidate.

Patient Information

3. Height (in inches or centimeters) <input type="checkbox"/> in. <input type="checkbox"/> cm.		4. Weight (in pounds or kilograms) <input type="checkbox"/> lbs. <input type="checkbox"/> kg.	
5. Blood pressure /	6. Pulse	7. Vision (with corrective lenses, if required) Left Right	

Evaluation

Mark whether normal or abnormal. Leave blank if not examined. If abnormal, please give specific details and indicate functional capacity (referring to item number).

Category	Normal	Abnormal	Details
8. General appearance			
9. Skin			
10. Eyes			
11. Ears (audiogram if necessary)/balance			
12. Nose/throat/neck/thyroid			
13. Chest, lungs			
14. Heart/blood vessels (murmurs)			
15. Abdomen (masses/liver/spleen)			
16. Genitalia, varicocele, hernia, and pilonidal area			
17. Back (history of pain, disability, treatment; also pilonidal disease)			
18. Upper extremities			
19. Lower extremities			
20. Neurological system			
21. Breast and pelvic exam if indicated			

Laboratory Findings (these tests must be completed)	Results	Comments
22. Urinalysis	Results	Attention: If a test result is abnormal, please refer to item number, give details of the repeat or additional testing, and describe treatment or other consultation if needed.
Dipstick—blood (required)		
Dipstick—protein (required)		
Dipstick—sugar (required)		
Microscopic (if dipstick abnormal)		
23. Hemoglobin or hematocrit		

9. Physician's Health Evaluation for Prospective Missionary—continued

<i>Laboratory Findings—continued</i>	<i>Comments—continued</i>
<p>24. Tuberculosis (TB) screening</p> <p>TB exposure risk: Has the prospective missionary been exposed to any person with active tuberculosis, or has the prospective missionary lived or worked in a circumstance of high tuberculosis incidence, such as a country, health care facility, shelter, jail, or reservation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tuberculosis screening (PPD skin test or interferon test or X-ray) is required for all prospective missionaries, including those who had BCG vaccine and/or those who are known to be skin-test positive. Where PPD or interferon is not available, a chest X-ray is required.</p> <p>A chest X-ray is also required in any of the following circumstances:</p> <ol style="list-style-type: none"> 1. The prospective missionary has a low TB risk (answered NO to TB exposure risk above) and the PPD is 15 mm or greater. 2. The prospective missionary has a high TB risk (answered YES to TB exposure risk above) and has a PPD of 10 mm or greater. 3. The interferon test is positive. <p>Screening results</p> <p>PPD millimeters of induration</p> <p>_____ mm <input type="checkbox"/> PPD not done</p> <p>Interferon results</p> <p><input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done</p> <p>Chest X-ray results</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Done</p> <p>TB comments / follow-up plan (required if X-ray is abnormal)</p>	
<p>25. Is the prospective missionary currently taking any medication, or is there any other factor that might impair his or her ability to drive? (If yes, explain.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Immunization Dates:

Provide a complete date for each immunization the missionary has received. If an exact date is not on record, provide a best estimate. All missionaries, including those serving in their resident countries, require immunizations for tetanus/diphtheria, hepatitis A and B, measles/mumps/rubella (MMR 1 and 2), and polio. Any missing immunizations should be completed as soon as possible before the missionary enters the missionary training center.

26. Tetanus/diphtheria/pertussis #1 _____	27. Tetanus/diphtheria/pertussis #2 _____
28. MMR1 _____	29. MMR2 _____
30. Polio _____	_____
31. Hepatitis A _____	_____
32. AND Hepatitis B _____	_____
33. OR combined hepatitis A and B _____	_____
34. Influenza _____	_____
35. COVID-19 vaccine name and dates _____	_____

9. Physician's Health Evaluation for Prospective Missionary—continued

Assessment of Functional Ability and Need for Medications or Medical Care

36. Based on a review of the prospective missionary's history, your personal interview, a physical examination, and a review of laboratory findings, indicate the prospective missionary's ability to function at various levels of activity as a missionary below.

<input type="checkbox"/> Level A: No limitation	<input type="checkbox"/> Level B: Slight limitation	<input type="checkbox"/> Level C: Moderate limitation	<input type="checkbox"/> Level D: Marked limitation	<input type="checkbox"/> Level E: Not appropriate
(No limitation of activity in lifting, carrying, walking 6 or more miles per day, or spending 12 to 16 hours per day in missionary activity.)	(Slight limitation of activity; slight decrease of function or stamina, such as problems with walking [limited to 3–6 miles per day] or with extensive standing.)	(Moderate limitation of activity; moderate decrease of function or stamina; requires limited walking [0–3 miles per day] or sedentary work.)	(Marked limitation of activity or has special requirements, such as specific climate, use of wheelchair, frequent rest periods, special medical needs, or medical visits.)	(Conditions exist that preclude full-time missionary service.)

37. Based on your review of this candidate's history, physical examination, laboratory tests, and consultations, please answer the following questions:

Does the missionary have any chronic physical or mental condition that will need follow-up care or continuing medication during his or her mission?

Yes No

If yes, *what* is the condition? By what kind of physician and how often should the missionary be seen? What medications are required? Provide your answers in the "Comments" box below.

38. Comments

Physician Information

39. Physician's signature <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP		40. Name of physician
41. Date of exam	42. Office phone (include area code)	43. Email address (if available)
44. Physician's office address		45. City
		46. State or province
47. Country	48. Postal code	49. District (if any)

Authorization to Release Information

I authorize the examining physician to release the information contained in the Personal Health History of Missionary Candidate and the Physician's Health Evaluation for Prospective Missionary to my bishop or branch president and the Missionary Department of The Church of Jesus Christ of Latter-day Saints. I am aware that the information will be screened by physicians. I am aware that the information may be used in assessing assignments as part of my missionary call. I hereby release the examining physician from all legal liabilities that may arise from the release or use of the information by The Church of Jesus Christ of Latter-day Saints or its agents.

Missionary candidate's signature	Date
Witness's signature	Date

10. Dental Evaluation for Missionary Candidate

Missionary Information

1. Missionary name	2. Record number
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To the missionary candidate:

Have your dental examination early to allow plenty of time to complete ALL dental treatment, including active orthodontic treatment and evaluation of wisdom teeth. Fill out the dental history questions, and read and sign the authorization statement before your dental appointment. If dentists in your area are not offering exams, you may submit your recommendation without an exam. You should get an exam as soon

as possible. Missionaries and families are responsible for paying for any necessary dental work.

To the examining dentist:

Please be aware that this individual may be assigned to an area of the world for two years where there is little or no professional dental care available and that whatever dental care is provided to this individual will be at his or her own expense.

Dental History (to be filled out by missionary candidate)

3. Has all orthodontic treatment been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		4. Have your wisdom teeth been removed? (If not, have them removed if the dentist believes there is any potential for problems.) <input type="checkbox"/> Yes <input type="checkbox"/> No
5. How often do you brush your teeth?	6. How often do you floss?	
7. Do you have any pain or bleeding in your mouth, teeth, gums, or jaw joints? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Dental Evaluation (to be filled out by dentist)

8. Has the prospective missionary had a complete oral examination with bitewing radiographs within the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. If the third molars have not been removed or are not erupted into proper alignment, has a panoramic or equivalent image suitable for evaluation of the third molars been taken in the last 6 to 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
10. Have all third molars that were likely to become problematic during the next two years been extracted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
11. Has all dental decay and gum infection been resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has all active orthodontic treatment been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
13. Is this individual practicing proper oral hygiene, including brushing and flossing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you believe this prospective missionary will be free of dental problems during the next two years if proper daily personal oral hygiene is practiced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Comments (Include list of work that still needs to be completed)	

Dentist Information

16. Dentist's signature		17. Name of dentist
18. Date completed or evaluated	19. Office phone (include area code)	20. Email address (if available)
21. Dentist's office address	22. City	23. State or province
24. Country	25. Postal code	26. District (if any)

Authorization to Release Information

I authorize the examining dentist to release the information contained in this dental evaluation to my bishop or branch president and the Missionary Department of The Church of Jesus Christ of Latter-day Saints. I am aware that the information will be screened by dentists. I am aware that the information may be used in assessing assignments as part of my missionary call. I hereby release the examining dentist from all legal liabilities that may arise from the release or use of the information by The Church of Jesus Christ of Latter-day Saints or its agents.

Missionary candidate's signature	Date
Witness's signature	Date

Missionary Information

Missionary name

Record number

Authorizations, Notices, and Releases of Information

I hereby authorize The Church of Jesus Christ of Latter-day Saints and its officers, leaders, employees, affiliated entities, and departments, including (as applicable) my mission leadership couple and my home unit priesthood leaders, such as the bishop and stake president, together with clerks and service mission leaders or coordinators who may assist my local priesthood leaders (collectively the “Church”), to process my personal and sensitive data for purposes relating to missionary service in the Church in accordance with the [Church’s Global Privacy Notice](#) and these Privacy Agreements. (“Mission leadership couple” refers to the mission president and companion, historic site president and companion, temple president and matron, or visitors’ center director and companion who oversee me, depending on my mission assignment.)

This authorization includes the following understandings and consents:

1. The Church will have access to my personal and sensitive data, including sensitive data relating to my ethnic origin, religious beliefs, physical and emotional health, and any criminal history, for the purposes of evaluating my missionary recommendation, determining my missionary assignment if my recommendation is accepted, overseeing my mission, and responding to emergencies and other circumstances that might affect my missionary service. I consent that the Church may process my personal and sensitive data for these purposes.
2. I have informed my parents and/or caregivers that I will include some of their personal data in my missionary recommendation.
3. My bishop and stake president (or branch president, district president, and mission president, as the case may be) will provide evaluations of my qualifications to serve as a missionary. I agree that these evaluations are related to determining my worthiness and capacity to serve as a missionary. I understand that these evaluations are strictly confidential, and I hereby waive any right of access to these evaluations.
4. The provision of my personal data is necessary in order for the Church to process my missionary recommendation.
5. I authorize the transfer of my personal data, including sensitive data relating to my ethnic origin, religious beliefs, physical and emotional health, and any criminal history, to Church headquarters in the State of Utah, United States of America, and to other countries with less stringent data protection laws than the country in which I reside. I understand and acknowledge that the transfer of this information is necessary for the Church to evaluate my recommendation to serve the Church as a missionary.
6. With the exception of ecclesiastical leaders’ evaluations, I may access, upon my written request, the personal data I have provided in connection with this missionary recommendation, and I may rectify any erroneous data.
7. I understand that the Church may have occasion to film or record me in connection with my missionary service. The Church also may have access to images and videos of me that I post on social media or on other public websites or apps while serving as a missionary. I authorize the Church to record or copy my name, voice, image, likeness, and performance in connection with my missionary service and to use such recordings and copies in any way and for any purpose related to the Church’s missionary activities (including to reproduce, distribute, publish, adapt, edit, display, translate, summarize, create derivative works from, and sublicense). I waive any right to inspect, approve, or be compensated for such recording and use.
8. If I drive or am a passenger in a Church vehicle, I authorize the Church to record telematics data, such as who is traveling, location, movements, speed, idle time, length of stops, miles driven, fuel usage, maintenance, seat belt use, acceleration, deceleration, rapid starts, hard turns, and accidents. Some vehicles may also record video. This data may be used as part of the Church’s Driver Accountability Program to promote safety, respond to incidents, and protect vehicles, occupants, and others.
9. I authorize the Church to share information about my missionary service at its discretion with governmental or similar organizations for limited statistical or reporting purposes. I also authorize the Church to verify my mission assignment(s) and my dates of service when contacted by third parties for post-mission employment verification, such as when the government or a private employer asks to verify when or where I served as part of a background check.
10. If I am called to a service mission, I authorize the Church to share my personal and sensitive data (including my contact information, information pertaining to my physical and emotional health and capabilities, and information relating to the performance of my missionary service) with any charities or civic organizations where I am assigned to volunteer as reasonably necessary for the purpose of coordinating and managing my missionary service.
11. Upon completion of my mission, my general contact information may be included in a returned-missionary directory accessible to my former mission leadership couple(s) for the purpose of keeping us connected. I understand that I can opt out or limit how my contact information is shared by modifying my profile preferences as described in the [Church’s Global Privacy Notice](#).
12. While the Church tries hard to protect the confidentiality of my data, I understand that when I authorize my data to be shared under these Privacy Agreements, the data may be shared via telephone, email, text message, or other means that potentially could be intercepted or read by a third party.
13. The Church will retain my personal data during my mission. Although some data will be destroyed after completion of my mission, other data may be retained indefinitely as part of the historical or other records of the Church. Some data (such as vehicle telematics information) will be anonymized after my personal data is no longer needed. I authorize the Church to use and retain my data at its discretion.
14. Should I have questions concerning the protection of my personal data or the security of personal data processed by the Church, I have been advised that I may communicate my questions to the Church’s representative for data privacy at dataprivacyofficer@ChurchofJesusChrist.org.

Missionary Funds

I understand that all donations to the Church’s missionary funds become the property of the Church to be used at the Church’s sole discretion in its missionary program and are not refundable.

Electronic Devices

The Church allows the use of technology to help me fulfill my missionary purpose. The Church may provide a device to me, or I may be required to purchase a Church-approved device. Regardless of ownership, I

Privacy Agreements—continued

recognize that using technology is a privilege that can be revoked. I hereby accept the responsibility to use technology only in ways that are consistent with my missionary calling and not in any way that is obscene, defamatory, illegal, or hateful or that infringes upon the rights of others. I understand that as a missionary I may have access to personal and private information of others, including nonmembers and members of the Church. I agree to keep confidential all personal information contained in systems and devices to which I may have access, and I commit not to share it with anyone who is not authorized.

To ensure I am using the device appropriately, I will allow the Church to inspect and monitor my use at any time. This may include (1) tracking the movement and location of devices provided to me; (2) monitoring my communications, internet searches, or downloads; (3) remotely wiping the device of all data; or (4) locking the device to prevent access by unauthorized persons. I understand that if a device is wiped, I may permanently lose all data that has not been backed up. I will have no expectation of privacy when using computers or electronic devices as a missionary. I will obey all mission rules and instructions regarding use of

technology, including the use of security precautions such as passwords and encryption. I agree to report a lost or stolen device to the Church immediately, to install and use only authorized software and applications, and to abide by the terms of any license agreements to which Church devices may be subject.

Insurance, Liability, and Medical Expense Acknowledgment

The Church's *General Handbook: Serving in The Church of Jesus Christ of Latter-day Saints* indicates that all missionaries are strongly encouraged to maintain their existing medical insurance during their missions. For proselyting missionaries, maintaining existing insurance coverage conserves Church funds and helps missionaries avoid having to prove insurability after their missions. Maintaining coverage helps provide protection for past chronic or congenital problems and post-mission medical needs. For service missionaries, maintaining medical, automotive, and general liability coverages helps the missionary plan for the unexpected, since missionaries called to service missions are solely responsible for all of their medical, dental, and liability expenses during their mission.

Acknowledgment:

I understand that if I am called to a service mission, I am solely responsible for all of my medical, dental, and liability expenses.

For proselyting missionaries, I understand that if I become sick or injured during my mission, the Church may provide initial payments for my medical expenses except for preexisting conditions. Payments in the United States will be made through Missionary Medical, a department of Deseret Mutual Benefit Administrators (DMBA), a not-for-profit Church-affiliated entity. Payments outside the United States will be made through Aetna International and its network partners.

These payments are made from the general funds of the Church and are gratuitous and voluntary in nature. Payments are not made from a Church insurance policy and are not intended to replace my personal health insurance.

Likewise, if I am involved in an accident while driving a Church-owned vehicle for which the Church carries insurance but the damages attributable to me exceed the coverage limits, the Church may seek contribution from any personal or family liability insurance policy available to me, including but not limited to automobile, homeowner's, or general liability policies.

In either case, I understand that claims will be filed with my insurance carrier. I agree to support all recovery efforts (including assisting in claims filing and reimbursement procedures) in the event the Church makes initial payment for medical expenses. I agree to support efforts by Missionary Medical to coordinate care directly with my parents (when authorized for disclosure), health care providers, and my insurance carrier.

I understand that if I am involved in an accident, the Church neither encourages nor discourages legal action from potentially liable or responsible third parties. I agree to reimburse the Church for expenses paid on my behalf in the event a settlement is reached or when a liable party makes payments.

When collected, the provision of national ID, such as a Social Security number, Individual Taxpayer Identification Number, and so forth, is required for federal reporting requirements or for securing health insurance coverage while serving as a missionary and will be shared on a need-to-know basis with Missionary Medical (DMBA) and affiliated or partner insurance organizations for the purposes described.

I Accept I Do Not Accept

Medical Privacy Notice

Service missionaries are responsible for their own health care and for all health and dental insurance and expenses. This Medical Privacy Notice will apply only if I am called to serve a proselyting mission. For more information about how the Church protects the health information of service missionaries, please see the Church's Global Data Privacy Policy.

Deseret Mutual Benefit Administrators (DMBA), through its Missionary Medical Department, helps coordinate and administer missionary health care for proselyting missionaries. DMBA is a not-for-profit Church-affiliated entity that has been assigned by the Church's Missionary Department. The United States government has enacted privacy laws and regulations with which DMBA must comply. One of the requirements is to provide you with a notice of privacy practices explaining how your health information will be used and disclosed.

1. Understanding Your Health Record and Information

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. It may also contain correspondence and other administrative documents.

Protected health information (PHI) is any personally identifying information which when linked to health data could be used to identify an individual. This information may be stored or transmitted in any form (for example, paper, electronic, verbal, and so forth). All of this information, often referred to as your medical records, serves as

- a basis for planning your care and treatment,
- a means of communication among the many health professionals involved in your care,
- a legal document describing the care you received,
- a means by which you or a third-party payer can verify that services billed were actually provided,
- a tool in educating health professionals,
- a source of data for medical research,
- a source of information for public health officials charged with improving the health of the nation, and
- a tool to assess and monitor the health care being provided and the outcomes achieved.

2. Your Health Information Rights

With respect to that portion of your health record held by DMBA, you have the right to

- inspect and obtain a copy of your medical record,
- amend your medical record,
- request a restriction on certain uses and disclosures of your PHI,
- obtain an accounting of disclosures of your PHI (other than for purposes of treatment, payment, and health care operations),
- request communications of your PHI by alternative means or at alternative locations, and
- revoke your authorization to use or disclose PHI except to the extent that action has already been taken.

3. Our Responsibilities

DMBA is required to

- maintain the privacy of your PHI,
- provide you with notice of our legal duties and privacy practices regarding information we collect and maintain about you,
- abide by the terms of this notice,
- notify you if we are unable to agree to a requested restriction, and
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We will not use or disclose your PHI without your authorization, except for treatment, payment or health care operations, or as provided by law.

We reserve the right to change our practices and make the new provisions effective for all PHI we maintain. If we do so, we will notify you of the changes in writing.

4. For More Information or to Report a Problem

If you have any questions or if you would like additional information, you may contact DMBA's compliance officer by telephone (1-801-578-5600 or 1-800-777-3622), by mail (PO Box 45730, Salt Lake City, UT 84145) or by fax (1-801-578-5906).

If you believe your privacy rights have been violated, you can file a complaint with DMBA's compliance officer or with the United States Department of Health and Human Services, Office for Civil Rights (OCR). Complaints must be in writing and can be filed either by mail or electronically. The OCR will provide further information on its website about how to file a complaint ([hhs.gov/ocr/hipaa](https://www.hhs.gov/ocr/hipaa)). Please note that there will be no retaliation for filing a complaint.

5. Uses or Disclosures for Treatment, Payment, and Health Care Operations

- Treatment, Payment, and Health Operations: We may use your PHI for treatment, payment, and health care operations. For example, treatment information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. For payment, a bill may be sent to you or a third-party payer. For health care operations, we may use your health care information to study ways to improve utilization or reduce health care costs.

6. Uses or Disclosures Permitted or Required by Law

- United States Food and Drug Administration (FDA): We may disclose to the FDA any PHI relative to adverse events with respect to food, supplements, products and product defects, or postmarketing surveillance information to enable product recalls, repairs, or replacement.
- Public Health: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- Correctional Institution: If you become an inmate of a correctional institution, we may disclose to the institution or agents thereof PHI necessary for your health and for the health and safety of others.
- Law Enforcement or Judicial Proceedings: We may disclose certain PHI for law enforcement purposes as required by law or in response to valid subpoena.

Privacy Agreements—continued

Authorization to Use or Disclose Protected Health Information

Regardless of whether I am called to a service mission or a proselyting mission, I authorize the use and disclosure of my PHI. However, the categories of people who may receive my information will vary depending on my assignment, as indicated below. Service missionaries are responsible for their own health care and for all health and dental insurance and expenses.

Name of the Individual Whose Information Will Be Released	
Name	Date of birth

Who Can Release the Information

1. The Church and its affiliated entities, including The Church of Jesus Christ of Latter-day Saints Family Services ("Family Services") and, if I am called to serve a proselyting mission, Deseret Mutual Benefit Administrators (DMBA) and DMBA's business associates.
2. Any and all other health care providers and/or facilities (including mental health professionals) who have treated me before or after this authorization.

Who Can Receive Information

1. Representatives and employees of the Missionary Department and the Risk Management Division of The Church of Jesus Christ of Latter-day Saints.
2. General Authorities of The Church of Jesus Christ of Latter-day Saints.
3. My home unit priesthood leaders (such as the bishop and stake president) and clerks who may help my local priesthood leaders (such as ward and stake clerks).

4. My mission leadership couple (for proselyting missionaries). This includes my mission president and companion, historic site president and companion, temple president and matron, or visitors' center director and spouse, depending on my assignment.
5. Individuals serving on the mission health council (for proselyting missionaries).
6. DMBA, including its Missionary Medical Department (for proselyting missionaries).
7. Missionary training center personnel (for proselyting missionaries).
8. Any health care providers who treat me in connection with my missionary service, including Family Services or BYU Student Health Center personnel.
9. Representatives and employees of the Human Resource Department of The Church of Jesus Christ of Latter-day Saints (for service missionaries).
10. Service mission leaders and coordinators (for service missionaries).
11. To the extent reasonably necessary to manage my missionary service, charities or civic organizations where I am assigned (for service missionaries).

I Authorize the Release of My Medical Information to the Following Individuals		
Name	Relationship	Date of birth

The Information to Be Released

My protected health information (PHI). PHI is individually identifiable information about an individual's past, present, or future physical or mental health that is maintained or transmitted by a health care provider or health plan. PHI includes, but is not limited to, medical records, symptoms, diagnoses, treatments, prognoses, lab results, medications, and information about insurance, claims, and payment.

The Purpose for Releasing the Information

For the overall evaluation of my health and fitness to serve as a missionary, to coordinate and manage my missionary assignments, and, if I am called to serve a proselyting mission, for the management and

administration of my health care while serving as a missionary for The Church of Jesus Christ of Latter-day Saints.

Expiration Date

This authorization is valid from the date of execution until 12 months after I am released from my mission, unless revoked in writing before that time. I may revoke this authorization by writing to DMBA, Attention: Missionary Medical Department, PO Box 45730, Salt Lake City, UT 84145 (for proselyting missionaries) or to the Church Data Privacy Office at dataprivacyofficer@ChurchofJesusChrist.org (for service missionaries). Revocation becomes effective only after it is received by DMBA or the Church Data Privacy Office, and the revocation will not apply to use and/or disclosure of PHI that occurs before the written revocation is received.

Signature		
<p>I certify that the above information is true and complete. I have a right to receive a copy of this authorization. I may revoke this authorization by writing to Deseret Mutual Benefit Administrators, Attention: Missionary Medical Department, PO Box 45730, Salt Lake City, UT 84145-0730. Revocation will be valid only for future acts and will not be valid for any action prior to receiving my revocation. Any information used or disclosed pursuant to this authorization may be subject to redisclosure and may, therefore, no longer be protected by privacy regulations.</p> <p>If I am called to serve a proselyting mission, my treatment, payment, enrollment, or eligibility for applicable medical care will not be conditioned upon my providing this authorization except as may otherwise be permitted by applicable law. However, I understand and agree that my refusal to sign or my revocation of this authorization may affect my eligibility to serve or continue serving as a missionary for The Church of Jesus Christ of Latter-day Saints.</p>		
<input type="checkbox"/> I Accept <input type="checkbox"/> I Do Not Accept	Missionary candidate's signature	Date