



MEDICAL SUMMARY REPORT

— TENNESSEE-WESTERN KENTUCKY CONFERENCE

Last Updated: 02/15/2025

Medical Summary Report Tennessee-Western Kentucky Conference

Candidate's Name :

First

Middle

Last

To the Board of Ordained Ministry:

Please indicate here, the name/address of the board officer who will receive this report.

Name : **TWK Board of Ordained Ministry,
c/o Rev. Jefferson M. Furtado**

Address : **5050 Pickering Rd, Clarksville, TN 37043-7006**

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - COMPLETED BY CANDIDATE

Candidate's Name :

Date Of Birth :

D

D

M

M

Y

Y

I hereby authorize and direct _____ (physician) to disclose to the **Tennessee-Western Kentucky Conference Board of Ordained Ministry** the following information with regard to the records of _____ (candidate) for the purpose of evaluation by The United Methodist Church for entrance into ministry.

Release: I hereby release, indemnify, and hold harmless the (annual conference) Board of Ordained Ministry from any legal responsibility or liability for the disclosure of the above information to the extent indicated and authorized herein. This release includes any and all claims, damages, liabilities, or costs that may arise from the use or disclosure of the information provided.

Voluntary Consent: I have read and fully understand this consent form and the purpose for which my medical records will be used. My consent is voluntary. I acknowledge that I am not under any pressure or duress to provide this consent.

I, the undersigned, understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. This consent will expire sixty (60) days after the date treatment is terminated unless another date is specified. I understand that if I revoke this authorization, I must do so in writing. I



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understand that the revocation will not apply to disclosures that were made prior to receipt of my revocation. I understand that the information requested may be disclosed from records whose confidentiality is otherwise protected by federal as well as state law. Any of the above requested information may include results of alcohol/drug (substance) abuse and/or diagnosis and treatment of psychological disorders, as well as HIV status.

To the party receiving this information: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Signature : _____

Date : _____

Witness : _____

Date : _____



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Examining Provider : _____

Address : _____

Phone : _____

Fax : _____

Signature : _____

Date : _____

STAMP

EXAMINATION STANDARDS*

As a part of the ministry application process, The United Methodist Church requires each candidate to “present a satisfactory certificate of good health” by a physician on the prescribed form. Disabilities are not to be construed as unfavorable health factors when a person with disability is capable of meeting the professional standards and is able to render effective service.... (The Book of Discipline, ¶¶ 315.6c, 324.8, 347.3, 357.7, 355.3, 368.5).

**Based on recommendations from the U.S. Preventive Services Task Force.*

The following lists show standard screening practices to be considered in an assessment of physical health. Additionally, the physician may choose to make recommendations to the candidate as needed. While the candidate’s physician should make the final determination regarding the need for specific medical tests as related to the overall health and needs of the candidate, The United Methodist Church seeks a summary report from the physician upon completion of a physical examination of the candidate that provides an assessment of the candidate’s physical ability to perform the required work of ministry.

NOTE: DO NOT RECORD SCREENING RESULTS ON THIS FORM.

Screening

- Height and weight (periodically)
- Blood pressure
- Alcohol and tobacco use
- Depression (if appropriate follow-up is available) Diabetes mellitus (patients with hypertension)
- Dyslipidemia (total and HDL cholesterol): men ≥ 35 y; men or women ≥ 20 y who have cardiovascular risk factors; measure every 5 y if normal
- Colorectal cancer screening (men and women 50-75 y)
- Mammogram every 1 to 2 y for all women ≥ 40 y. Evaluation for BRCA testing in high-risk women only.
- Papanicolaou test (at least every 3 y until age 65 y)
- Chlamydial infection (sexually active women ≤ 25 y and older at-risk women) Routine voluntary HIV screening (ages 13-64 y)
- Bone mineral density test (women ≥ 65 y and at-risk women 60-64 y) AAA screening (one time in men 65-75 y who have ever smoked)

Counseling—Substance Abuse

- Tobacco cessation counseling
- Alcohol misuse: brief behavioral counseling; alcohol abuse: referral for specialty treatment

Counseling—Diet and Exercise

- Behavioral dietary counseling in patients with hyperlipidemia, risks for CHD and other diet-related chronic disease
- Regular physical activity (at least 30 minutes per day, most days of the week)
- Intensive counseling/behavioral interventions for obese patients

AAA = abdominal aortic aneurysm; BRCA = breast cancer susceptibility gene; CHD = coronary heart disease.

Key Points

- The U.S. Preventive Services Task Force recommends routine periodic screening for hypertension, obesity, dyslipidemia (men ≥ 35 years), osteoporosis (women ≥ 65 years), abdominal aortic aneurysm (one-time-screening), depression, and HIV infection.
- The U.S. Preventive Services Task Force recommends routine periodic screening for colorectal cancer (persons 50-74 years of age), breast cancer (women ≥ 40 years), and cervical cancer.
- The U.S. Preventive Services Task Force recommends that all pregnant women be screened for asymptomatic bacteriuria, iron-deficiency anemia, hepatitis B virus, and syphilis.
- The U.S. Preventive Services Task Force recommends against screening for hemochromatosis; carotid artery stenosis; coronary artery disease; herpes simplex virus; or testicular, ovarian, pancreatic, or bladder cancer.
- Outside of prenatal, preconception, and newborn care, genetic testing should not be performed in unselected populations because of lower clinical validity; potential for false positives; and potential for harm, including “genetic labeling.”
- For patients for whom genetic testing may be appropriate, referral for genetic counseling should be provided before and after testing.
- A human papillomavirus vaccine series is indicated in females ages 9 through 26 years, regardless of sexual activity, for prevention of cervical cancer.
- A single dose of tetanus-diphtheria–acellular pertussis (Tdap) vaccine should be given to adults ages 19 through 64 years to replace the next tetanus-diphtheria toxoid (Td) booster.
- A zoster (shingles) vaccine is given to all patients 60 years and older regardless of history of prior shingles or varicella infection.
- Asymptomatic adults who plan to be physically active at the recommended levels do not need to consult with a physician prior to beginning exercise unless they have a specific medical question.
- Smoking status should be determined for all patients.
- Patients who want to quit smoking should be offered pharmacologic therapy in addition to counseling, including telephone quit lines.
- Routine screening is recommended to identify persons whose alcohol use puts them at risk.
- For management of alcohol abuse and dependence, referral for specialty treatment is recommended; for management of alcohol misuse, brief behavioral counseling may be useful.

- Clues for chemical dependency include unexpected behavioral changes, acute intoxication, frequent job changes, unexplained financial problems, family history of substance abuse, frequent problems with law enforcement agencies, having a partner with substance abuse, and medical sequelae of drug abuse.
- Condom use reduces transmission of HIV, Chlamydia, gonorrhea, Trichomonas, herpes virus, and human papillomavirus.
- It is important to ask about domestic violence when patients present with symptoms or behaviors that may be associated with abuse.
- When an abusive situation is identified, address immediate safety needs.