

Medical Evaluation

I. Purpose

The purpose of the Pre-Ordination Medical Evaluation process is to assess the physical health of ordination applicants.

II. Process

1. The candidate for ordination identifies a licensed medical doctor and makes an appointment.
2. Prior to the appointment, the candidate for ordination (and spouse, if applicable) signs a release (attached) to allow the doctor to share his or her evaluation with the Office of Leadership Development.
3. The candidate meets with the doctor.
4. The doctor provides a written evaluation to DCH (attached).
5. The candidate or the sponsoring church compensates the doctor for services.

Dear Doctor,

N. is a candidate for ordination in the Diocese of Christ our Hope, a diocese of the Anglican Church of North America. You are being asked to provide a basic physical evaluation for N. The candidate will arrange payment for services with you or your office directly.

As a part of the ordination process, each candidate undergoes an evaluation by a licensed medical doctor who can provide an assessment of the candidate's physical health as it relates to the vocational demands of ordained pastoral ministry. Your work in assessing the candidate is part of the overall process of discerning the candidate's preparedness for ordination.

At the appointment, please provide the candidate for ordination with a release waiver to sign so that you might share your written, confidential evaluation with the Diocese of Christ our Hope (a recommended waiver template accompanies this letter).

In addition, we ask that you please complete the attached Medical Evaluation Form and have your office mail it directly to:

Diocese of Christ our Hope
Office of Leadership Development
PO Box 52449
Durham, NC 27717

Thank you in advance for your service.

Sincerely,

Ben Bowman

Director of Operations
Diocese of Christ our Hope
P.O. Box 52449
Durham, NC 27717
bbowman@adhope.org

Medical Evaluation Form

This is to certify that I, (name of Doctor) _____,

have conducted a full physical examination of (name of patient) _____

and have found (please check one):

___ No medical conditions or concerns that would prevent him/her from performing the work of ordained ministry.

___ The following health concerns that may prevent him/her from performing the work of ordained ministry (please list):

Doctor's signature

Date

Doctor's Office Contact Information:

Name of Office _____

Address _____

Phone number _____

Authorization to Release Information

1. I am voluntarily seeking ordination in the Diocese of Christ our Hope and I understand that part of the ordination process requires me to undergo a physical assessment (hereafter, "Assessment") by a licensed medical doctor to evaluate my physical health.

2. I consent to participate in the Assessment and understand that I may be asked questions related, but not limited to, family history, medical history, lifestyle habits, criminal history, marital history, and sexual behavior. I agree that all the information I provide will be truthful and not misleading.

3. I authorize the doctor to release a confidential written report to the Diocese of Christ our Hope Office of Leadership Development.

4. I authorize the doctor to discuss, either in written form or orally, the written report with either the bishop or a member of the Office of Leadership Development.

Applicant's signature

Date

Applicant's name (Please Print)