FORM 4

**A REPORT ON THE PHYSICAL QUALIFICATIONS**

**OF AN APPLICANT FOR CANDIDACY**

**FOR THE GOSPEL MINISTRY**

**KOREAN NORTHEASTERN PRESBYTERY CHURCH IN AMERICA**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying to become a candidate. Please be frank in commenting on the applicant's physical qualifications for entering a calling which is both physically and emotionally demanding.

1. What, if any, chronic illnesses does the applicant have?

2. What, if any, physical defects does the applicant have?

3. In your professional opinion, would any of the above chronic illnesses or physical defects significantly hamper the work of the applicant as an ordained minister?

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(required) MAIL THIS FORM (with signature) TO:

 Rev. Paul Lee

 PO Box 43

 Cliffside Park, NJ 07010

(The applicant should supply the above name and address before sending this form to his doctor.)