



Dear Doctor,

Joni and Friends is an international faith-based ministry dedicated to ministering to the world's estimated 1 billion people affected by disability. Through direct outreach and in partnership with thousands of volunteers and hundreds of ministries worldwide, Joni and Friends uncovers and meets the critical needs of individuals and families affected by disability through a variety of initiatives and programs.

One such program is Cause 4 Life. The specific purpose of Cause 4 Life is to, "...encourage the Spirit empowered growth of a biblical compassionate love for others (Luke 10:25-37), within current and emerging Christian leaders, resulting in action-oriented ministry with people affected by disability (Luke 14:21-23) – together spreading HOPE around the world." Our interns are typically college, seminary, and therapy students who provide their own funding to work with those in need in furthering the mission of Joni and Friends. Likely, the one providing you this form is a potential future intern, passionate about making a difference in the lives of people affected by disability.

Proactively, we ask ALL of our potential interns to have a **general physical, mental, and emotional assessment – the depth of which we leave to the discretion of the primary care physician. If applicable and needed, a referral should be made to an already involved specialist(s) who may also be following the care of the potential intern on a regular basis.** We are not asking you to divulge information considered private. We are asking for your professional opinion to confirm that the applicant is physically, mentally, and emotionally stable – capable of serving in a rigorous internship program. Internship activities will likely involve church-based service, ministry opportunities to and with families affected by disability, and possibly international travel involving service in a developing country where conditions of life and ministry may be much more demanding than normal.

We proactively desire, to the ultimate benefit of the intern and the group they will serve with, to avoid participants encountering medical or emotional calamity thousands of miles from home because of a known health situation that is not stable. To facilitate this, **would you please review the attached Medical Clearance Form, assess the applicant, make necessary recommendations, and return the original or a scanned copy of the form via one of the following.**

**By mail:** Joni and Friends; Attn: Cause 4 Life; P.O. Box 3333; Agoura Hills, CA 91376

**By fax:** Attention – Cause 4 Life Staff; 818-575-1798

**By email:** [cause4life@joniandfriends.org](mailto:cause4life@joniandfriends.org)

Thank you for your assistance.

Daniel Thomson, PT, Th.M.  
Director, Cause 4 Life  
Joni and Friends  
818-575-1714  
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# Joni and Friends

## Cause 4 Life Medical Clearance Form

\_\_\_\_\_ (name) has applied to serve with Cause 4 Life in an internship. The physical requirements and possible emotional stress of travelling and serving nationally and internationally require a person to be mentally alert, emotionally stable, and in a stable physical condition to be able to carry out the functions of this ministry. The internship may require him/her to:

- Regularly interact and serve people affected by physical, emotional, and/or mental disabilities.
- Possibly fly to an international destination.
- Possibly endure extreme weather and poor air quality conditions.
- Sleep an unpredictable amount of hours due to an unfamiliar environment, climate, and bed.
- Potentially cope with medications and equipment being lost or broken while in transit.
- Live with standards of sanitation and medical care below that of a developed nation.

If medical treatment becomes necessary, medical facilities might:

- Be a distance from the site of injury or illness onset.
- Be different compared to U.S. standards.
- Request to contact you in the coordination of medical care.

### Patient's Consent and Authorization

I consent to and authorize \_\_\_\_\_ (provider) to release to Joni and Friends, health information concerning my ability to participate in Joni and Friends' Cause 4 Life internship. I understand this consent is revocable except to the extent action has already been taken. Authorization is not valid beyond one year from date of signature.

Patient's signature:	Date:
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### Physician's Recommendations

I am familiar with the patient's physical, mental, and emotional condition, and (please select one item below):

<input type="checkbox"/>	I am <b>not</b> aware of any contraindications toward participation in the Internship.
<input type="checkbox"/>	I believe the applicant can participate, but urge caution (see comments).
<input type="checkbox"/>	I believe the applicant can participate, but recommend further evaluation by the patient's _____ (specialty) to help form and support or reject this decision.
<input type="checkbox"/>	I believe the applicant can participate, but should not engage in the activities noted (see comments).
<input type="checkbox"/>	I recommend the applicant <b>not</b> participate in the above-mentioned Internship (see comments).
Comments:	

Physician's signature:		Date:
Physician's name (print):	Phone:	Fax:
Address:	City:	State & Zip: