



Blessing and Family Ministry

Ministry of Family Federation for World Peace and Unification

VERIFICATION OF HEALTH STATUS

Printed name of the Candidate:

Purpose:

This form is to protect the candidate's personal health information from being compromised in anyway. Your BFM Certified Blessing Interviewer will need to check your documents, record only the information asked for and verify it is accurate by his/her signature.

The careful attention to completing all the required health information will ensure the process is honest and safe for all candidates involved. Health situations only become challenges if they are not honestly reported during the process.

Instructions for the Candidate:

1. This document verification must be signed by a BFM Certified Blessing interviewer.
2. **Do not** include a photocopy of the documents asked for, your Blessing Interviewer's signature is proof that they have seen your documents.
3. **Do not** make an appointment to meet with your Blessing interviewer for your Health Status Verification until you have **ALL** your required forms ready for them to look at together.
4. You may want to have all your health documentation with you at the time of your Blessing interview.
5. When this form is completed and signed by your Blessing interviewer upload it onto your Matching and Blessing Application.
6. When this form is completed and signed by your Blessing interviewer, you will want keep your health documents in a secure place.

Instructions for the BFM Certified Blessing Interviewer:

1. Meet with the candidate in a private location.
2. Check the candidate's Physician Health Statement and their four or five blood test results. All these need to be presented to you on official forms not verbally.
3. Please be aware that a "NO" answer to any of the questions will require the candidate come back another time when they have ALL their information together before you can sign the form.
4. Your signature verifies the candidate has completed all the required health tests and an exam.
5. You will only indicate if the candidate is reasonably healthy according to the information asked for or if they have something that needs to be discussed during a matching process.
6. There is a space for your comments if needed. Please do not write private or sensitive medical or personal information here.
7. If you have indicated a situation, a family or matching advisor may contact you to ask what questions they should be asking during their matching process.
8. When you have completed and signed the form give it and all the documentation to the candidate. They will upload the form to their application and be responsible for their own medical information.
9. A Health Waiver is acceptable only when the candidate is already matched. It is not acceptable for someone who is starting or in the matching process.



VERIFICATION OF HEALTH STATUS

Printed name of the Candidate:

- Have you read the **Confirmation of Health Exam Form** or equivalent provided to the candidate and signed by a physician? (Circle the correct response)

YES NO Date of physical exam: _____

- **Has the candidate presented you**, the Blessing interviewer, with the results of the following tests? (Circle the correct response) You will circle **YES if you have seen the document** and read it and you will answer **NO if you have not seen** and read the document. **DO NOT** indicate anything else.

- | | | | |
|---------------------------------------|-----|----|-----|
| a. HIV | YES | NO | |
| b. Gonorrhea | YES | NO | |
| c. Chlamydia | YES | NO | |
| d. Herpes I & II | YES | NO | |
| e. Sickle Cell Anemia (If it applies) | YES | NO | N/A |

Use the comment below to indicate if there is something to be aware of when a match is considered. **BUT do not** be explicit about it.

DO NOT reveal any health issue, just mention that there is one.

Date(s) of blood tests: _____

HEALTH STATUS:

Please tell us the health status of the candidate (Circle one of the two answers)

Healthy Special situation to be discussed with a potential match’s parents, and/or matching advisor.

This space is reserved for comments.

 Signature of Candidate

 Print Name of BFM Certified Interviewer

 Signature of Interviewer

 Local Church Name and City

 Date of signature

 Phone number and email address of BFM Certified Interviewer