



THE UNITED METHODIST CHURCH  
HARRISBURG AREA – SUSQUEHANNA CONFERENCE  
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Bishop Jeremiah J. Park

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Dear Physician,

\_\_\_\_\_ is bringing this form to you and is a candidate for ministry in the United Methodist Church. We believe the physical examination and health history of a candidate for ministry is an important piece in our overall evaluation of a candidate's fitness for ministry. As you examine this candidate, please consider the essential functions which this candidate will be expected to perform.

While not exhaustive, the following shares the responsibilities and demands placed upon clergy persons.

- **Work week of 50-65 hours;** clergy are encouraged to designate a day other than Sunday as a "day off" however, clergy are generally considered to be "on call" 24/7
- **Visitation** to hospitals, nursing homes as well as families or individuals in their homes or in the church office; Clergy are expected to help persons in dealing with crisis and stress
- **Community leadership** may involve the clergy in more responsibilities and travel
- **Preparation for worship, preaching and teaching** on a weekly basis
- **Counseling** in the areas of premarital, marital, family, individual, grief and conflict resolution; clergy without additional training are encouraged to refer matters beyond their capabilities
- **Administrative oversight** is expected by the clergy and may include staff management, financial issues, coordination of volunteers, numerous required reports and care of church property
- **Denominational or ecumenical responsibilities** may require additional work, travel and away from the local church setting
- **High Stress** - visibility in the congregation and community and demands of congregants add layers of stress to the clergy person and/or the clergy's family
- **Itinerant system** requires periodic reassignments which may result in separation of ministerial families, extended families and familiar settings which give rise to unique personal and family stresses

Are you this person's primary care physician? \_\_\_\_\_ If not, what is your relationship to the candidate? \_\_\_\_\_

To the best of your knowledge, is this person compliant with medication and treatment plans that have been prescribed by you? \_\_\_\_\_

Having read the above description, I find that the candidate, \_\_\_\_\_, is in a state of health that would allow him/her to fulfill the duties of ministry.

\_\_\_\_\_  
Physician's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Physician's name Printed

Thank you for your assistance. Please return this form along with the attached report to the candidate.

Sincerely,

Bishop Jeremiah Park, Resident Bishop