



SEVENTH-DAY ADVENTIST CHURCH

EAST JAMAICA CONFERENCE OF SDA

74 Constant Spring Road, Kingston 10 – Telephone: (876) 619-2855/924-1061-5

HEALTH MINISTRIES REPORTING FORM



Quarter Ending: _____
Month Year

Church: _____

Health Ministries Director: _____ Tele. (876) _____

Email Address: _____

Home Address: _____

1. Have you organized your Health Committee? Yes [] No []
2. Did you have any Health Committee Meeting this quarter? Yes [] No []
3. Number of Health Clinic held: _____
4. Number of persons who attended Health clinic: SDA ____; Non-SDA ____; Total ____
5. Number of Health Professional in your church _____
6. Are you currently involved in any community project (s) Yes [] No []
7. If yes, please indicate the type (s). _____
8. Is your Department involved in any evangelistic outreach programme? Yes [] No []
9. Number of persons baptized as a result of the Department's contribution to evangelism. ____
10. Have you done any promotion on health or given any health tips from the book, **Counsels on Diet and Foods or Ministry of Health**, or both? Yes [] No []
11. Was any health sermon preached in your church? Yes [] No []
12. Is there any health programme you would like to report on? Yes [] No []

13. If yes, place report/comment here (if more space is needed write overleaf): _____

14. Number of EJC Health Ministries programmes attended _____