



MEDICAL CERTIFICATE

To be completed and signed by the family doctor

NAME IN FULL

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DATE OF BIRTH

HEIGHT.....

WEIGHT

HISTORY

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ADDRESS

.....

.....

SIGNED

DATE

A student with a history of chronic or re-current illness will not necessarily be refused admittance on that account. The Management should, however, be aware of it, and it is further of the greatest importance that Sister in charge should have full information so that she may be able to take special care for the health of the student concerned and know what steps to take in an emergency.