



MEDICAL CERTIFICATE

To be completed and signed by the family doctor

NAME IN FULL

DATE OF BIRTH

HEIGHT

WEIGHT

PHYSICAL AND PSYCHIATRIC HISTORY

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DOCTOR'S PHYSICAL ADDRESS

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SIGNED DATE

A Tenant with a history of chronic physical or mental illness will not necessarily be refused admittance on that account. It is of great importance that the Management should have full information to best take care of the Tenant and in particular to know what steps to take in an emergency.