



MEDICAL CERTIFICATE

To be completed and signed by the family doctor

FULL NAME _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

PERSONAL HISTORY:

Has the Applicant had any reportable illness in the past? (This may be of a medical, surgical or <u>psychological nature</u>)	YES	NO
If yes, please specify:		
Does the Applicant have any chronic ailments?	YES	NO
If yes, please specify:		
Does the Applicant have any allergies, diagnosed dietary requirements or unusual persistent complaints?	YES	NO
If yes, please specify:		
Is the Applicant undergoing any treatment or taking any prescription drugs?	YES	NO
If yes, please specify:		
Please provide any additional information that may be necessary to assist us in providing support.		

DOCTORS 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 Committee should, however, be aware of it, and it is further of the greatest importance that the Manager/or House Mother should have full information so that she may be able to take special care of the health of the student concerned and know what steps to take in an emergency.