



MEDICAL CERTIFICATE

To be completed and signed by the family doctor

NAME:

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

PERSONAL HISTORY:

<p>Has the applicant had any reportable illness in the past? (This may be of a medical, surgical or psychological nature)</p> <p><i>NOTE: A student with ailments will not necessarily be refused admission. Management should, however, be aware, and have full and detailed information so that we can assist where possible and know what steps to take in case of an emergency.</i></p>	<p align="center">YES</p>	<p align="center">NO</p>
<p>If yes, please specify:</p>		
<p>Does the applicant have any chronic ailments?</p>	<p align="center">YES</p>	<p align="center">NO</p>
<p>If yes, please specify:</p>		
<p>Does the applicant have any allergies, diagnosed dietary issues, or unusual persistent complaints?</p>	<p align="center">YES</p>	<p align="center">NO</p>
<p>If yes, please specify:</p>		
<p>Is the Applicant undergoing any treatment or taking any prescription drugs?</p>	<p align="center">YES</p>	<p align="center">NO</p>
<p>If yes, please specify:</p>		
<p>Please provide any additional information necessary to assist us in providing appropriate support.</p>		

DOCTOR'S NAME AND ADDRESS _____

SIGNATURE _____ DATE _____