



## MEDICAL CERTIFICATE

*(To be completed by a qualified and registered Medical Practitioner)*

Applicants' Surname: .....

Other Names: .....

### A. GENERAL

(a) Height:.....

Weight:.....

(b) Does the applicant suffer from any defects or abnormalities of skeletal or muscular system? If so, please describe briefly.

.....  
.....  
.....

### B. SIGHT, HEARING, etc.

Has the applicant have any defects in:

(a) Hearing?.....

(b) Sight? .....are glasses worn?/Recommended?

(c) Speech?.....

(d) Nose and throat? .....

(e) Teeth?.....

If dental work seems advisable, please recommend that it be done before coming to college.

**C. CIRCULATORY SYSTEM**

**Blood Pressure**

Is there any evidence or defect of disorder of the heart or arteries?

If so, please describe briefly? .....

Any restrictions on activities? .....

**D. ALIMENTARY TRACT**

Does the applicant suffer from any known disease of the alimentary tract?.....

.....

Special diets are not regularly provided. If it seems necessary, please give explicit and details for consideration. ....

.....

**E. GENITO – URINARY TRACT**

(a) Is there any disease or abnormality of the kidneys bladder or other part of the genitor – urinary system?.....

(b) If there has been infection, was it to your knowledge adequately treated?

.....

(c) Is albumen, sugar pus, blood or any other abnormal constituent present in the urine? .....

(d) Is the applicant pregnant? Yes/No **Circle the appropriate**

**F. RESPIRATORY SYSTEM**

(a) State whether there is any evidence of old or commencing disease, if so its precise nature.....

(b) Tuberculosis

The following must be completed for admission. Please give dates and findings.

.....

Mantoux

Mantoux or other intercutaneous test unless previously positive (within past year) Chest X-Ray: Please provide a report in the space below. The report must be in respect of a film not

more than three months old.

.....  
.....  
.....

**NOTE:** Admission will **not** be provided until active TB has been disproved. If the investigation is incomplete upon arrival at the college, it is the responsibility of the applicant to ensure its completion within two weeks of arrival. Has the applicant ever had BCG?

**G. VACCINATION**

Are you satisfied that the applicant has been successfully vaccinated if he/she has not suffered from smallpox within the past 5 years? .....  
(If not satisfied, please advise applicant regarding vaccination or revaccination).

**H. Other System**

Is there any evidence or suspicious of disease in any other system? If so, state its nature.

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.....  
.....  
.....

Doctor's name.....

(please print)

Doctor's signature:..... Date: .....

Body of Registration: .....

(Stamp)