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 Section 21 Reg. No. CK2004/024889/08

Empowering People to Change the World!

Medical Report
 (to be completed by the Doctor who holds your Medical Records)

Would you please verify the medical history as supplied by the applicant and make any additions or comments as appropriate. The purpose of this report is to assess suitability for training/work in South Africa, but it might involve work in primitive situations anywhere in the world. Please make any comments or additions:

Past history: _____

Relevant family history: _____

Current medication: _____

Weight and general fitness: _____

General health. Please give details if the applicant has any problems with:

- Adverse reactions to stressful situations
- Anemia or blood disorders
- Blood pressure
- Breathing difficulties
- Drug dependency
- Endocrine disorders
- Epilepsy or fits
- Hypertension or heart disease
- Psychiatric problems

Is the applicant free from infectious diseases?	<input type="checkbox"/> yes	<input type="checkbox"/> no. Specify.
Has the applicant had any allergic reactions?	<input type="checkbox"/> no	<input type="checkbox"/> yes. Specify.

Is there any other relevant information that we need to know before accepting the applicant?

Doctors' Signature

Name and Address (or practice stamp)

Doctor's Signature: _____ Date: _____