

20 Bellevue Street
Gardens 8001
Cape Town

NPO: 000821-827

Tel: +27 21 423 3711
Email: ywct@telkomsa.net
Website: www.theyw.co.za

Medical Certificate
(To be completed by family doctor.)

Name In Full:

Date Of Birth:

Height

Weight

Personal History:

Has the applicant had any notifiable diseases? 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? Yes/No

If yes, please specify:

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

Is the applicant undergoing any current treatment or taking any prescription drugs? Yes/No

If yes, please specify:

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

Address of Medical Practice:

.....

.....

.....

.....

Registration Practice No:

Contact No:

Signed:

Date: