The YW Christian Residence

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:

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Does the applicant have any chronic ailments? Yes/No

If yes, please specify:

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Does the applicant have any allergies? Yes/No

If yes, please specify:

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……………………………………………………………………………………………………

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

If yes, please specify:

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………
………

Address of Medical Practice:

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……………………………………………
……………………………………………
……………………………………………

Registration Practice No: ………………………………………………

Contact No: ……………………………………………………………………

Signed: ……………………………………………………………………

Date: ………………………………