

MEDICAL REPORT

To be completed & signed by Family Doctor

Medical Report on behalf of _____ as to state of general health from family Doctor.

Does he have or has he ever suffered from:	Yes	No	Details of Medication Required
Asthma			
Epilepsy			
Diabetes			
Rheumatic Fever			
Other: (Please Specify)			
Does he have any Allergies			
Medication			
Food			
Stings			
Other (Please Specify)			
Does the student suffer from any other medical condition, disability or special circumstance?			

Doctors Full Name: _____

Doctors Signature: _____

Date: _____