



Rotorua Boys' High School

Ad Astra per Aspera
Whāia Te Iti Kahurangi

TAI MITCHELL HOSTEL

APPLICATION FOR ADMISSION

MEDICAL REPORT

To be completed & signed by **Family Doctor**

Medical Report on behalf of _____ 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			
Does the student suffer from any other medical condition, disability or special circumstance?			

Doctor's Full Name: _____

Doctor's Signature: _____

Date: _____