

MEDICAL REPORT

Physician Information: The applicant is requiring a medical report to confirm physical and mental health to participate in a Lifeway College course. The course involves a high level of physical and mental activity including abseiling, tramping with backpacks, daily exercise requiring running, press ups and sit ups and character building.

DOCTORS DETAILS	
Full name:	
Clinic Official Stamp (name and address):	
Business Phone:	Email:

To the physician:

[Applicants Name] has applied for training with Lifeway College.

Can you please answer the following questions about the applicant for us?

1	Height [cm] & Weight [Kg]	[Height]	cm	[Weight]	kg
2	Is the applicant under medical supervision at this time or taking any medication? If so what kind?				
3	Are the applicant's chest, heart & blood pressure normal?				
4	Are the applicant's sight, hearing & speech normal?				
5	Are you aware of any disability, medical, or psychiatric treatments or conditions that may prevent the applicant from successfully participating in the course? If yes, what does the applicant require to successfully participate in the course?				
6	Please add here any additional comments regarding the applicant's health or special limitations affecting physical, mental or emotional capabilities.				

I hereby declare that the above information is true and I agree that the Lifeway selection panel and advising physicians can discuss this information as necessary.

Signature

Date

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