

MEDICAL CERTIFICATE

Web: www.sandriverrecovery.co.za

E Mail : admin@sandriverrecovery.co.za / Tel 0767567476

Facebook: www.facebook.com/sandriverrehab

This certificate should be completed by a medical practitioner

Kindly note that Sandriver Wellness Centre does not have full-time medical staff on the premises.

Full names of patient:		
Date of birth:	Height:	Weight:

Medical History (including operations and scars):

Vaccinated against:

Mobility:

Moves easily:	Moves with:	Makes use of medical aid?:
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Present medical treatment:

Medical examination:

1. Cardio-vascular system:			
2. Blood Pressure:			
3. Pulmonary system:			
4. Liver and digestion system:			
5. Muscular-skeleton system:			
6. Nervous system:			
7. Teeth:			
8. Skin:			
9. Ear, Nose and Throat:			
10. Urine system:	Albumin:	Sugar:	
11. Eyes:			
12. Contagious diseases:			
Is immediate isolation essential?:	Yes	No	
13. Mental condition:			
Is action in terms of the Mental Disorders Act necessary:	Yes	No	
If not, is psychiatric treatment required?	Yes	No	
Can this person be treated in a facility without medical personnel	Yes	No	
Is the person fit to carry out light physical work?	Yes	No	
General remarks:			

Completed by:

Place:

Date: