SECTION 5 – MEDICAL CERTIFICATE

PADCA Form 2

To be completed by **MEDICAL PRACTITIONER**

PATIENT'S FULL NAME: ____________________

AGE: ________ SEX: ________ WEIGHT: ________

1. Serious medical conditions (eg previous coronary or CVA) ____________________

____

2. Operations (eg Hysterectomy, hip replacement, heart by-pass) ____________________

____

3. Other (eg pacemakers) ____________________

4. General examination:

4.1 General physical and nutritional state: ____________________

4.2 Respiratory system: ____________________

4.3 Cardio vascular system: ____________________

4.4 Blood pressure: ____________________

4.5 Genito-urinary system (Urine to be tested): ____________________

4.6 Digestive and other abdominal systems: ____________________

4.7 Hernia: ____________________

4.8 Muscular and skeletal systems (state defects) ____________________

____

4.9 General nervous system (In epilepsy, state particular type) ____________________

____

Severity, frequency of attacks and response to treatment: ____________________

____

4.10 Mental condition (list any previous psychotic or psycho neurotic episodes with dates if possible:

____

____

4.11 Skin and special senses: ____________________

4.12 Circulation-pulses: ____________________

4.13 Any other condition not included in classification above: ____________________

____

5. Is applicant free from infectious and contagious disease (Be as accurate as possible) ____________________

____

6. Does applicant require regular assistance regarding mobility, dressing and undressing, feeding or personal hygiene:

____

____

7. Current medication

7.1 Chronic medicines – strength and dose: ____________________

____

7.2 Are medicines private or state: ____________________

8. Allergies: ____________________

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9. How long have you known the patient? ____________________

Date: ____________________

(PLEASE NOTE: This medical is only valid for 3 months)

____________________ ____________________

NAME (block letters please) SIGNATURE of MEDICAL OFFICER

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TEL NO: