



**Medical Report**

A qualified doctor should complete this medical report, preferably the applicant's own physician. All information will be treated as confidential. Any fees due are payable by the applicant.

Name of applicant: .....

General state of physical health:

.....

General state of mental health:

.....

Is the applicant currently receiving treatment for any physical or mental conditions?  
If so, give details:

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Please give a brief medical history: (attach extra pages as necessary)

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Does this person suffer from any allergies or a physical/disability? If so, give details:

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I have know this person for .....months/years

Signature of Doctor: ..... Doctors Stamp

Name and Address: .....

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..... Date: .....