



Faith Bible College
Tauranga, New Zealand

MEDICAL REQUIREMENT FORM 2017

For the Enrolling Student's General Practitioner to Complete

+64 7 544 2463

www.fbc.ac.nz

registrar@fbc.ac.nz

MEDICAL REQUIREMENT FORM

This form is to be completed by the enrolling student's General Practitioner

PURPOSE OF THIS FORM

Students living on or off campus contribute to the functioning of the College through their daily services. The College needs to know any limitations, or health conditions that students may have in their ability to complete their studies and daily services. **This form is compulsory for all enrolling students to complete.**

APPLICANT'S NAME: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

MEDICAL INFORMATION

IN YOUR OPINION, DO YOU CONSIDER THE APPLICANT'S PHYSICAL STRENGTH SUFFICIENT TO COPE WITH A RUGGED DAILY SCHEDULE? Yes No

IF NO, PLEASE COMMENT: _____

IS THERE ANY HISTORY OF:

FOOD OR SKIN ALLERGIES? Yes No

EMOTIONAL ILLNESS OR DEPRESSION? Yes No

IF YES, PLEASE GIVE A BRIEF ASSESSMENT OF THE APPLICANT'S PSYCHOLOGICAL STATE INCLUDING COMMENTS ON PAST AND PRESENT TREATMENTS: _____

DOES THE APPLICANT SMOKE? Yes No

IS THE APPLICANT ON ANY DRUGS, PRESCRIBED OR OTHERWISE? Yes No

IF YES, PLEASE PROVIDE DETAILS: _____

DUE TO OUR COLLEGE BEING LOCATED ON A FARM, DOES THE APPLICANT HAVE AN UP-TO-DATE TETANUS RECORD? Yes No

DATE OF LAST TETANUS INJECTION: dd / mm / yyyy _____

IS THERE A CONDITION OF WHICH YOU THINK THE COLLEGE SHOULD BE AWARE, WHICH COULD AFFECT THE APPLICANT'S ABILITY TO LIVE IN A RESIDENTIAL COMMUNITY, AND / OR AFFECT THOSE LIVING IN CLOSE PROXIMITY? (i.e. communicable diseases, fits of anger, depression, etc.) Yes No

IF YES, GIVE DETAILS: _____

DOCTOR'S DETAILS

NAME: _____

PRACTICE: _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____

Updated June 2016