



**Faith Bible College**  
Tauranga, New Zealand

## **MEDICAL REQUIREMENT FORM 2019**

**For the Enrolling Student's General Practitioner to Complete**

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# MEDICAL REQUIREMENT FORM

This form is to be completed by the enrolling students' 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:      /      /     

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:

PRACTICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Updated Aug 2018