GERMAN SENIORS
RESIDENCE

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Admission Section II

MEDICAL CERTIFICATE
TO BE COMPLETED BY A MEDICAL PRACTITIONER

FULL NAME OF APPLICANT:.....

DATE OF BIRTH: ..... IDENTITY NUMBER:.....

SEX:.....

1. **GENERAL**:

   1.1 Height: ..... Weight: .....

2. **ALIMENTARY SYSTEM**:

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   .....

3. **VISION**:

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4. **HEARING**:

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   .....

   .....

5. **CIRCULATORY SYSTEM**:

   5.1 Blood Pressure: .....

   5.2 Pulse.....

   5.3 Peripheral Circulation: .....

   .....

   5.4 Cyanosis:.....

5.5 Complaints .....

.....

6. **RESPIRATORY SYSTEM**:

6.1 Rate: .....

6.2 Air Entry: .....

6.3 History of working underground: .....

6.4 Asthma/Emphysema: .....

6.5 Oxygen: .....

6.4 Complaints: .....

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7. **MUSCULAR-SKELETAL SYSTEM**:

7.1 Gait: .....

7.2 Arthritis: .....

7.3 Deformities: .....

7.4 Complaints: .....

7.5 Bedbound/Wheelchair/Walking Aid/Ambulant: .....

8. **GENITO-URINARY SYSTEM**:

8.1 Routine urinary test: .....

8.2 Degree of continence: .....

8.3 Complaints: .....

.....

8.4 Females: Gynaecological History: .....

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.....

9. **NERVOUS SYSTEM**:

9.1 Tremors: .....

9.2 Headaches: .....

9.3 Vertigo: .....

9.4 Epilepsy: .....

9.5 Peripheral neuropathy: .....

9.6 Complaints: .....

.....

10. **GLANDS**:

10.1 Breasts: .....

10.2 Thyroid Gland: .....

10.3 Pancreas/Diabetus: .....

10.4 Prostrate Gland: .....

10.5 Complaints: .....

Admission Section II

11. **MENTAL STATE**: (Alertness/Orientation/Memory/Emotional State)

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12. **SLEEPING PATTERN**:

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13. **HABITS**:

13.1 Tobacco: .....

13.2 Alcohol: .....

13.3 Laxatives/Drugs/Patent medication: .....

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14. **SKIN**:

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15. **FEET**:

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16. **OTHER**:

16.1 Allergies: .....

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16.2 Glasses/Hearing Aid/Prostetic Aids/ .....

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16.3 Past Medical and Surgical History: .....

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17. **PRESENT DIAGNOSIS**: .....

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IS PRESENT CONDITION LIKELY TO IMPROVE? .....

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18. PRESENT MEDICATION

Generic Name	Trade Name	Frequency	Dosage

FULL NAME OF MEDICAL PRACTITIONER: .....

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SIGNATURE: .....

QUALIFICATIONS: .....

ADDRESS: .....

.....

DATE: .....