

Admission Section II

Deutsches Evangelisches Altersheim Johannesburg

Gemeinschaft, Geborgenheit, Altenpflege

German Old Age Home

Fellowship, Security and Care

7 Lewis Road
2092, Richmond
P.O. Box 91156
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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:**

.....
.....
.....

4. **HEARING:**

.....
.....
.....

5. **CIRCULATORY SYSTEM:**

5.1 Blood Pressure:

5.2 Pulse

5.3 Peripheral Circulation:

.....

5.4 Cyanosis:

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- 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:
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 - 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:
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- 10. **GLANDS:**
 - 10.1 Breasts:.....
 - 10.2 Thyroid Gland:
 - 10.3 Pancreas/Diabetes:
 - 10.4 Prostrate Gland:.....
 - 10.5 Complaints:

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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:

.....

SIGNATURE:

QUALIFICATIONS:

ADDRESS:

.....

DATE: