

EVANGELICAL SEMINARY OF SOUTHERN AFRICA

Medical Certificate: full time studies



Name of applicant / patient _____

The bearer has applied to study at ESSA. We would be grateful if you would complete this report to assist us in assessing his/her suitability for full time studies.

Relevant medical history (past and present) _____

General examination: Height _____
 Weight _____
 Blood pressure _____
 Pulse _____
 Urine test _____

Systematic examination: Eyes _____ (L) _____ (R)
 E.N.T. _____
 C.V.S _____
 Respiratory _____
 Abdomen _____
 Genitor-urinary _____
 Skin _____
 Neurological _____

Do you consider the applicant to be emotionally and physically fit for a demanding course at ESSA?

Any further comment?

Signature _____	Date _____
Name (printed) _____	
Contact Address	_____

Phone number	() ()