



Medical Certificate for Staff

Section 1: Personal Details (of the examined person)

Family name:	First name(s):
Address:	
Country:	Postcode:
Town:	
Telephone (please add country code):	
Date of birth (date/month/year):	

Section 2: Questions

In your opinion, the above named:		
1.	Is physically and mentally able to do strenuous work on a daily basis for 3 months or more, at a height of 1'200m above sea level and above?	YES NO
2.	Is physically and mentally able to lead alpine activities on a regular basis up to 3'000m above sea level? Activities such as hiking, climbing, skiing, etc.	YES NO
3.	Has any physical or mental condition that could influence the person's general safety, well-being and their ability to volunteer at Kandersteg International Scout Centre? <small>Based on medical records and knowledge of the above named (Eg: Epilepsia, anxiety, dyspraxia etc.)</small>	YES NO
If question 3 is answered with a YES , please give more details on support and attention required for it or whether it is self-managed:		
4.	Has any problem with their health at the moment or takes medication on a regular basis?	YES NO
If question 4 is answered with a YES , please give more details:		



In your opinion, the above named:	YES	NO
5. Does the above named has any allergies ? Medicinal, dietary, etc.	YES	NO
If question 5 is answered with a YES , please give more details including severity and restrictions:		
Any other comments or remarks?		

Section 3: Signature

I, (name) confirm that(examined person) was examined by myself today to the best of my knowledge.	
Doctor's address:	
Town & Postcode:	Country:
Telephone (please add country code):	
Date:	Place:
Doctor's signature:	Stamp: