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THE BIBLE INSTITUTE OF SOUTH AFRICA
(Association Incorporated under Section 21 Reg. No. 2004/011004/08)

MEDICAL HEALTH REPORT – (to be completed by applicant)

APPLICANT’S NAME

HOME ADDRESS

..... **Code**

YOUR DOCTOR’S NAME

CONTACT ADDRESS

..... **Code**

TELEPHONE **E-MAIL**

MEDICAL HISTORY AND CURRENT STATUS

All information disclosed on this form will be treated as confidential.

Please detail below all significant pre-existent or ongoing physiological and psychological conditions you may have. If any of your medical conditions require you to be on prescribed medication please indicate this and the length of time you have been on medication.

You may also indicate whether or not you require a special diet or any other special considerations.

You may attach extra pages if needed.

APPLICANT’S SIGNATURE **DATE**