

MEDICAL HISTORY:

TO BE COMPLETED BY A MEDICAL PRACTITIONER

NAME: _____

1. Clinical Diagnosis _____

2. Nature of Disability: _____

3. Cause of Disability: _____

4. Ailments and History: _____

5. Present Physical State: _____

6. Present mental state: _____

7. Medication: _____

8. Other Comments: _____

Signed: _____

Dated: _____