

# Housing for the Elderly

## Medical Certificate

Patient's name:	
Present address:	
How long have you known this patient?	
Is the patient able to care for him/herself?	
What is the patient's general state of health?	
Degree of mobility:	
Any other comment relevant to this application:	

Signed ..... Dated .....

Doctor's Name .....

Address .....

..... Phone .....

Please return to:  
**Customer Delivery Team Leader**  
**Waikato District Council**  
**Private Bag 544,**  
**Ngaruawahia 3742**