

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