

Is this individual on any medications that they will need to bring to Queenstown? YES NO

Please detail the prescription/s: _____

Please rate the overall muscular skeletal condition of this person: _____

Please detail any problems: _____

Has the applicant suffered from any significant mental/emotional health difficulties? YES NO
eg. Depression, eating disorders, psychological or learning difficulties

Please detail including any treatment plan: _____

I have examined and reviewed the applicant's health history. In my opinion they are:
ABLE NOT ABLE to physically and emotionally work effectively & undertake study at QRC

Licensed Examining Physician's Signature _____ Date _____
Physician's name (please print) _____ Phone _____
Address _____

ADDITIONAL NOTES: