



MEDICAL CERTIFICATE

(Must be completed by a Medical Practitioner and accompany application for selection. Please study notes to medical practitioner before completion)

Full name & surname	
Programme:	CERTIFICATE IN SMALL ACCOMMODATION ESTABLISHMENT OPERATIONS

NOTES TO MEDICAL PRACTITIONER

Please note:

Training for the hospitality industry, requires an extremely high level of physical and mental fitness from trainees. Trainees should therefore be physically and mentally fit to fully partake in the strenuous academic and practical training to conform to the standards required by the SA College for Tourism.

Certain medical conditions may be negatively affected by some of the training activities, eg. **Pregnancy**, asthma, back problems, chronic sinusitis/bronchitis, eczema, hypertension, varicose veins, etc.

The purpose of consultation with and physical examination of the applicant by the medical practitioner is to assess the applicant for any possible existing and/or latent medical risks which may impact negatively on the applicant during training at the College and which could lead to a contravention by the College of the Occupational Health and Safety Act. Under the circumstances the College cannot accept a learner whose health and well-being could be placed at risk by the nature of hospitality training in general.

Examples of the different training activities, which are performed by and required from trainees:

Practical training

- a) Frequent working in commercial kitchens where the temperature could be considerably higher than in a normal working environment
- b) Frequent handling/carrying/moving heavy objects (large cooking pots, tables, chairs, containers, etc)
- c) Frequently standing/being on their feet for very long hours
- d) Frequently being exposed to chemicals for cleaning purposes
- e) Frequent kneeling and bending, scrubbing of floors, making of beds

Medical practitioner to complete the report on the following page:

MEDICAL REPORT

Did your examination and observation, with reference to the Health Questionnaire completed by the applicant and the Notes to Medical Practitioner below, convince you that the applicant is in good health and not suffering from any physical or mental defect, disease, disability or condition which will prevent him/her from undergoing the physically and mentally strenuous academic and practical training associated with the hospitality industry?

I declare that the above information is true and correct and that I have not withheld any information regarding the health condition of the applicant.

Signature	Date

Professional Qualification	Practice Number
Practice Address	Practice Contact Number