



Medical Certificate for Staff

Section 1: Personal Details (of the examined person)

Family name:	First name(s):
Address:	
Country:	Postcode:
Town:	
Telephone (please add country code):	
Date of birth (date/month/year):	

Section 2: Questions

In your opinion, the above named:	YES	NO
1. Is physically and mentally able to do strenuous work for 3 months at a height of 1'200m above sea level and above?		
2. Is physically and mentally able to lead alpine activities on a regular basis up to 3'000m above sea level? Activities such as hiking, climbing, skiing, etc.		
3. Has any physical or mental condition that could influence the person's general safety, well-being and their ability to volunteer at Kandersteg International Scout Centre? Based on your medical records and knowledge of the above named (Eg: Epilepsia, anxiety, etc.)		
If question 3 is answered with a YES , please give more details:		
4. Has any problem with their health at the moment or takes medication on a regular basis?		
If question 4 is answered with a YES , please give more details:		



In your opinion, the above named:	YES	NO
5. Does the above named has any allergies ? Medicinal, dietary, etc.		
If question 5 is answered with a YES , please give more details:		
Any other comments or remarks?		

Section 3: Signature

I, (name) confirm that(examined person) was examined by myself today to the best of my knowledge.	
Doctor's address:	
Town & Postcode:	Country:
Telephone (please add country code):	
Date:	Place:
Signature:	Stamp: