



Medical Certificate for Staff

Section 1: Personal Details (of the examined person)

Family name:	First name(s):
Address:	
Country:	Postcode:
Town:	
Telephone:	
Date of birth:	

Section 2: Questions

1. In your opinion, is the above named physically and mentally able to do strenuous work for 2 months at a height of 1'200 m above sea level and above?	YES / NO
2. In your opinion, is the above named physically and mentally able to lead hikes on a regular basis up to 3'000 m above sea level? (Summer only)	YES / NO
3. Does the above named have any physical or mental condition that could influence the person's ability to work here at Kandersteg International Scout Centre?	YES / NO
4. If question 3 is answered with a YES, please give more details:	
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.....	
.....	
.....	
.....	



Section 3: Signature

I, (name) confirm that(examined person) was examined by myself today, and that the physical and mental state of the above named on that date is reflected in Section 2 of this form. To the best of my knowledge, this person is capable of fulfilling the work at the Centre as required by the positions for which he/she has applied.

Signature: Date: Place:

Surgery address:

Comments:

Stamp: