



# 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 3 months at a height of 1'200m 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 3'000m? (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:  
 .....  
 .....

## Section 3: Signature

I, ..... (name) confirm that .....(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