

# General Practitioner's Comments

Name of GP:

Address of GP:

<Town>

<Postcode>

**Please note that a medical examination is**

Are you in possession of this patient's complete medical records?

☐ Yes ☐ No

From the medical records available, is there any reason why your patient should not undertake <<..>>?

our patient should not

☐ Yes ☐ No

According to these records and your knowledge, do the answers given by him/her in the questionnaire appear correct?

answers given by

☐ Yes ☐ No

Are you aware of any other medical information relevant to this application?

to this application?

☐ Yes ☐ No

If so, please give details.

Signature of General Practitioner

Practice Stamp

Name:

Date:

Please note: any fee required for the completion of this form is not required.

by the applicant. A medical examination is