

Telephone (Day):

Midwifery Council of New Zealand PO Box 9644, Marion Square, Wellington 6141, New Zealand. Level 5, 22 Willeston Street, Wellington 6011, New Zealand.

Phone: +64 4 499 5040

Email: info@midwiferycouncil.health.nz Internet: www.midwiferycouncil.health.nz

Medical Certificate

This form is to be completed by a registered Medical Practitioner. It should be sent to the Midwifery Council direct by the Medical Practitioner.

This medical certificate is given in support of a midwife seeking to return to practice in New Zealand after a period of absence. The Health Practitioners Competence Assurance Act 2003 provides that the Midwifery Council must satisfy itself that the midwife is not prevented from performing the functions of a midwife because of some mental or physical condition before granting the midwife a practising certificate.

Applicant To Complete - I	
(enter applicant's name)	
declare that I suffer from no physical or mental condition or disability that could adversely affect my ability to practise as a midwife. I consent to the Medical Practitioner releasing the results of this examination to the Midwifery Council.	
(signature)	
Medical Practitioner to Complete - I have completed my examination of the above named and	_
My examination did not indicate any condition that I feel should be brought to the Midwifery Councils attention	
Or	
My examination indicated the following conditions which could have an affect on the applicant's ability to practise as a midwife:	
Comment if required:	
(signature) (date)	
(signature) (date)	
Name: (or stamp here)	
Address:	

Email:

Medical certificate for midwives returning to New Zealand practice after an absence