



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)

Name: (or stamp here)

Address:

Telephone (Day):

Email: