



PHARMACISTS COUNCIL OF ZIMBABWE

HEALTH DECLARATION

CONFIDENTIAL

Trainee reference code _____

Declaration by a Medical Practitioner (registered in Zimbabwe and in Public Service)

This declaration should be completed by either:

- i. The applicant's usual medical practitioner or
- ii. A medical practitioner who has carried out a full medical examination of the applicant

This medical examination must be within the twelve month period to the **trainee's** registration as a pharmacist.

(full name of applicant)

has been a patient of mine for _____ years _____ months.

Has been examined by me on _____(date)

I know of no reason, on grounds of mental or physical health, why she/he should not be able to discharge the responsibilities of registered pharmacist which I understand may include taking sole charge of a community or hospital pharmacy.

Signed _____ Date _____

Printed Name _____

Medical and Dental Practitioners Council Registration Number _____

