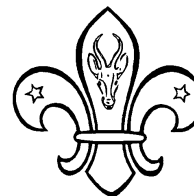


***SOUTH AFRICAN SCOUT ASSOCIATION***  
***GAUTENG AREA***



**ADULT HEALTH CERTIFICATE**

I certify to that I , .....the bearer of this document  
request that Medical assistance be given to me, for minor injuries and that my next of kin, as stated  
below, be contacted for consent in the event of any major injuries.

A. I wish you to be aware that I have the following allergies and/or medical condition.....

.....  
.....  
.....

B. I am not suffering from any infectious disease and has not been in contact with anyone so  
suffering during the past 14 days.

.....  
.....  
.....

C. Name of Medical Aid: .....

Member's Medical Aid Number:.....

Name of Member: .....

D. Name of Doctor: .....

Doctor's Phone Number: .....

SIGNED: .....

Telephone: (H): .....

(W): .....

(Cell): .....

**EMERGENCY CONTACT NUMBER**

NAME: .....

ADDRESS.....

.....

TEL. N° (.....).....

CELL N° .....

Relationship: .....

DATED this ..... day of ..... 20 .....