



# MORLING COLLEGE

The Baptist Bible and Theological College of New South Wales  
120 Herring Road, EASTWOOD 2122  
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## MEDICAL EXAMINATION

**NAME:** .....

**DATE OF BIRTH:** .....

**HEIGHT:** ..... **WEIGHT:** .....

1. Has the applicant any medical condition which would limit his/her ability to pursue a course of study?

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2. Does the applicant suffer from any chronic illness, and if so, what is the nature of the treatment required by this illness?

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3. Any further comments?

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**MEDICAL PRACTITIONER:** .....

(please print name)

(signature)

**DATE:** .....