



**BARBADOS CADET CORPS  
OFFICIAL CERTIFICATE OF MEDICAL FITNESS**

To be completed by Parent/Guardian in BLOCK CAPITALS. Please do not omit any details!

**NAME OF CHILD / Ward:** .....

**Surname**

**First-name**

**Initial**

**DATE OF BIRTH** (day/month/year): ...../...../..... **GENDER**     Male

**DD      MM      YEAR**

Female

**AGE:** ..... **BLOOD GROUP:** ..... **NAT ID#**

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**NAME OF SCHOOL:** ..... **COMPANY:** .....

**PARENT/GUARDIAN DECLARATION**

Has your child / ward ever had: (tick appropriate)

<b>Complaint</b>	<b>Yes</b>	<b>No</b>	<b>Complaint</b>	<b>Yes</b>	<b>No</b>
Pneumonia			Back Injury/Lower back pain		
Asthma			Knee/Ankle Injury		
Heart Trouble			Rheumatism		
High Blood Pressure			Diabetes		
Rashes			Bronchitis		
Allergies			Epilepsy/Fits		
Reactions to Drugs			Anemia		
Migraine			Jaundice		
Kidney Trouble			Disease of the Blood		
Nervous System Disease			Cancer		
Tuberculous			Mental illness		
Dizziness or Fainting			Anxiety Disorder/Nervousness		
Amnesia			Shortness of Breath		
Stomach Disorders			Chest Pains		
Constipation			Sleeping Disorders		
Covid-19 Virus					

1. If you have answered "yes" to any complaints listed above, please submit details under separate cover.

2. List below all medication currently in use by your child / ward.

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**NAME OF PARENT/GUARDIAN:** .....

**SIGNATURE:** .....

**ADDRESS:** .....

**TELEPHONE NUMBERS:**

Home: ..... Work: ..... Cell: ..... Other: .....

**PHYSICIAN'S ASSESSMENT**

**IMPORTANT NOTE TO DOCTORS**

Cadet training and cadet camp involve strenuous activity such as running, hiking, carrying weight, crawling through undergrowth, bush and tall grass, as well as remaining in wet clothing for extended periods of time. During exercises in the country, meals may be irregularly spaced. Cadets train in the midday sun. **Please bear these conditions in mind** when **Cadets** present with what may seem trivial complaints.

Please give special consideration to such complaints as Asthma, Epilepsy, Heart Disease and Headaches / Migraines before declaring a child fit for cadet training. Hospital care can at times be more than an hour away.

Please note that cadets should be deemed **MEDICALLY UNFIT** if the following conditions are present:

- a. Severe fungal infection of feet, scalp or skin.
- b. Migraines (severe in nature and long in duration), especially if induced by sunlight or hunger.
- c. Uncontrolled or partially controlled Asthma; that is, frequent wheezing often requiring nebulization for symptom resolution. **(Please note that asthmatics who wheeze infrequently and whose bronchospasm is readily responsive to inhalers are permitted to attend camp).**
- d. Acute or recurrent lower back muscular strain, knee or ankle injuries etcetera.
- e. Malignancies undergoing treatment.
- f. Epilepsy resulting in the child having a seizure within the last twelve months.

**CERTIFICATE OF MEDICAL FITNESS TO UNDERTAKE CADET TRAINING**

This is to certify that ..... is fit to attend cadet training.

Remarks: (To include prescribed medication, pertinent notes on complaints noted overleaf, Details not included here should be submitted under separate cover for the **attention of Health Services, Barbados Defence Force**)

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**DETAILS & STAMP OF MEDICAL PRACTITIONER**

PRACTITIONER'S NAME: .....

SIGNATURE: .....

DATE (day/month/year): .....

