



## USE OF LIFT REQUEST FORM

*This form is to be completed by a medical practitioner and handed in at the Office of the Principal, room B004 by the student who would like to make use of the lifts at Junior College.*

Name & Surname:

ID No:

Year of Course:

First

Second

Third

Date of request:

Recommendation of the medical practitioner illustrating the reason for the request:

The aforementioned student needs to use the lift for the following time frame:

*(kindly specify days/weeks/months)*

**Medical Practitioner's Signature and stamp**

### Please note

1. Students may use the lifts on grounds of chronic conditions, sickness or injury, provided that they seek prior authorization from the Office of the Principal.
2. The doctor must specify how long the student needs to use the lift for. If the time frame is not specified then a temporary permit is issued and the student has ten (10) working days to regularise the matter.
3. It is the student's responsibility to renew the permit before/when it expires.
4. Under normal circumstances, once a permit has been issued, only the permit holder can use the lift.

### For office use

Received on: