

Annex 4:

**REPUBLIC OF KENYA
PHARMACY AND POISONS BOARD**

HEALTH DECLARATION (CONFIDENTIAL)

Intern Index number.....

Declaration by a Medical Practitioner (registered in Kenya 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 prior to the Intern's registration as a Pharmacist.

To the Registrar,
Pharmacy and Poisons Board

.....
(full name of applicant)

- 1. has been a patient of mine foryears.....months **or**
- 2. 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 a registered pharmacist which I understand may include taking sole charge of a community or hospital pharmacy.

Name.....

Official Stamp

Medical Practitioners and Dentist Board Registration Number.....

Declaration by the Intern

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

Signed..... Date.....