

**MEDICAL CERTIFICATE**  
(To be completed by a Doctor)

To whom it may concern:

All Bermuda Housing Trust Properties are designated for seniors in need of low cost housing, in good health, and capable of self care. There are no provisions for assisted living or facilities to care for those who are ill, disabled, or incapable of self-care. Your cooperation in completing this form will assist with our assessment of the applicant.

Thank you.

**INFORMATION**

Patient's Name	
Date of Birth	
Physician's Name & Address	
Telephone No	
Psychiatrist's Name & Address <i>(if applicable)</i>	
Telephone No	
Date of Last Visit	
In your opinion is the applicant in good physical and/or mental health	
Is the applicant capable of self-care and independent living	
Does the applicant have any physical or mental challenges that might prevent independent living	
Physician's Signature	Date
Psychiatrist' Signature	Date

\*\*\* Any additional comments you think appropriate may be made on the reverse side\*\*\*

Return to:  
Bermuda Housing Trust  
13 Cedar Avenue, Hamilton HM 10  
PO Box HM 1875, Hamilton HM HX  
Tel: 292-1322 Fax: 292-1792  
Email: [bht@transact.bm](mailto:bht@transact.bm)