



Return to Practice Medical Certificate

The first page is to be completed by the midwife and the second page by a registered Medical Practitioner who should send it directly by email to health@midwiferycouncil.health.nz

This medical certificate is given in support of a midwife seeking to return to practice in New Zealand after a period of absence. The Health Practitioners Competence Assurance Act 2003 provides that the Midwifery Council must satisfy itself that the midwife is not prevented from performing the functions of a midwife because of some mental or physical condition before granting the midwife a practising certificate.

Applicant Details	
Given Name(s)	
Family Name	

	Yes	No
I declare that I have no mental or physical conditions that affect my ability to perform the functions required to practise as a midwife. This includes neurological, psychiatric or addictive (drug or alcohol) conditions. This does not include conditions that do not affect my ability to practise.		
I consent to the Medical Practitioner releasing the results of this examination to the Midwifery Council.		

Signature	
Date	



Medical Practitioner to Complete

(*named applicant*) attended my clinic/practice on (date)

I have completed my examination of the applicant and either:

I have not found any condition that I feel should be brought to the Midwifery Council's attention

Or

My examination indicated the following conditions which could have an adverse effect on the applicant's ability to practise as a midwife:

Comment if required:

Medical Practitioners details	
Name	
Phone	
Email	
Practice Address	
Signature	
Date	

Stamp here