

LAKELAND DIALYSIS LIMITED

We regret we are unable to accept any patients without this certificate.

We DO NOT require copies of the actual laboratory forms or any backdated blood results.

Patient's Name	
Date of Birth	

MRSA negative:- Nasal Swab & <u>Either</u> Axilla / Groin Swab		Date of Last Test *Within 1 month*	
CPE negative *3 tests within 1 month of visit*	Sample 1 Date	Sample 2 Date	Sample 3 Date
Hepatitis B negative		Date of Last Test *Within 3 months*	
Hepatitis C negative		Date of Last Test *Within 3 months*	
HIV negative		Date of Latest Test	

Physical Assessment

Independent	Requires some assistance to transfer	Wheelchair user (Must be able to transfer independently)

I have read and understood Lakeland Dialysis terms and conditions

Name of RGN	Designation
** Signature	Date

PLEASE RETURN THESE FORMS 2-4 WEEKS BEFORE THE HOLIDAY

All information will be kept confidentially under the
General Data Protection Regulation 2018.

Tel 01900 822 888

Fax 01900 822 155