## ROYAL BOROUGH OF KINGSTON UPON THAMES MEDICAL ASSESSMENT FORM

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•	( )	<i>(</i> –	<i>(</i> )

Name	Date of Birth	
Officer		

## **HOUSING REGISTER**

Medical Band	BAND 1	BAND 2	BAND 4	No Medical
Recommended	Overriding	High Medical	Medical	Priority
	Medical	Priority	Priority	Awarded
Mobility	MOB CAT 1	MOB CAT 2	MOB CAT 3	MOB CAT 4
Category	Full time	Wheelchair	Severe	All other
Awarded	wheelchair	Outside	Mobility Issues	Applicants
COMMENTS		l l	l L	l l

## **HOMELESSNESS**

	relating to s189(1)(c))
COMMENTS	

## **SUITABILTY**

Medical advice on the suitability of accommodation offered under Part VI or Part VII Housing Act 1996
COMMENTS

Signed Date