

MEDICAL CERTIFICATE AS PROOF THAT APPLICANT MAY DO STRENUOUS EXERCISE TO ACCOMPANY VACANCY APPLICATION

Advertised post applying for (applicant to complete):

(Tip: Applicant to attach relevant vacancy advert to this form when visiting Medical Practitioner)

Name of person examined:

Identity number of person examined:

I hereby certify that I have examined the abovementioned person on (date). From the information related to the health declared by the person and my clinical examination/diagnostic tests, I certify that this person is

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FIT

NOT FIT

FIT WITH THE FOLLOWING RESTRICTIONS

to do strenuous exercise required in the mentioned post.

Comments by Medical Practitioner:

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.....
.....

Date:

Medical Practitioner's initials & surname:

Medical Practitioner's signature:

Practice Number:

Practice stamp must be included to confirm authenticity

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