



## CERTIFICATION OF FITNESS

### CERTIFICATION OF FITNESS

(To be completed by Medical Examiner if "Yes" is indicated for any condition stated)

I examined \_\_\_\_\_ (name) on \_\_\_\_\_ (date) and found him/her FIT/UNFIT to participate in the programme (course / activity).

Remarks, if any \_\_\_\_\_

---

\_\_\_\_\_  
Name of Medical Examiner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Clinic Stamp