



# CERTIFICATION OF FITNESS

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(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

*\*Delete where necessary*