

# Certificate of Fitness for Employment

This is to certify that

**Name of Employee:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

has been examined on \_\_\_\_\_ and is, in my opinion, fit for employment as a  
\_\_\_\_\_.

Additional Remarks:

\_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Medical Registration No.:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_