

## CERTIFICATE OF FITNESS

I examined \_\_\_\_\_ (name), IC number \_\_\_\_\_, on \_\_\_\_\_ (date). I found the patient fit/unfit\* to take part in the following courses:

- WSQ Respond to Fire Emergency in Buildings (2 days course)**
- WSQ Respond to Fire & Hazmat Emergency (3 days course)**

In addition to reviewing the fitness declaration form provided by the participant (Form A), I have read the information for doctors (Form B) and have performed the following tests:

(Provide details for certifying patient fit/unfit\* for course)

Signature & Stamp of Doctor : \_\_\_\_\_

Name of Doctor : \_\_\_\_\_

Name of Hospital / Clinic: \_\_\_\_\_

Address of Hospital / Clinic : \_\_\_\_\_

\_\_\_\_\_

Telephone Number : \_\_\_\_\_

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