

CERTIFICATE OF FITNESS

I examined _____ (name), NRIC number
_____ (last 3 digits and alphabet), on _____ (date). I found the patient
fit/unfit* to take part in the following courses (*please delete accordingly):

WSQ Respond to Fire & Hazmat Emergency (3 days course)

WSQ Respond to Fire Emergency in Buildings (2 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: _____