



CERTIFICATE OF FITNESS

I examined _____ (name), IC Number _____,

On _____ (date) and find him/her fit to take part in the following courses:

- **WSQ Respond to Fire & Hazmat Emergency (3 days course)**
- **WSQ Respond to Fire Emergency in Buildings (2 days course)**
- **WSQ Respond to Fire Incident in Workplace (1 day course)**
- **CERT Refresher Training Course - 1 Day (Tier 1) or 4 hours (Tiers 2 & 3)**
- **Confined Space Emergency Rescue Course (2 days course)**
- **SCDF CERT Recertification for Tier 1 P&FM Premises (1 day course)**

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

(Provide details where applicable)

Signature & Stamp of Doctor : _____

Name of Doctor : _____

Name of Hospital/Clinic : _____

Address of Hospital / Clinic : _____

Telephone Number : _____

Date : _____