

## 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)

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 : \_\_\_\_\_