

MEDICAL CERTIFICATE

I certify that I have carefully examined Mr. / Ms. _____
on ___ / ___ / ____ and further certify that his / her eyesight is good, and that any minor defect
in the same can be overcome by means of suitable glasses, that he / she is fairly robust, his / her
constitution is sound and that he / she has no disease bodily or mental infirmity unfitting
him / her now or likely to unfit him / her in future, for manual work on workshop or active
outdoor service as an engineer.

Date: _____

Signature: _____

Address: _____

Name: _____

Qualification: _____

Registration: _____