

## Medical Certificate of Fitness for Work

Period of validity: One calendar year as of the date of signature by the attending physician below

### 1. TO BE COMPLETED BY THE INDIVIDUAL (OR THE TECHNICAL UNIT)

Family name	Bagirishya	Maiden name	Rwema
Given name	Dominique	Gender	<input type="checkbox"/> F <input checked="" type="checkbox"/> M
Date of Birth (dd/mm/yyyy)	16/09/1999	Nationality	Rwanda
ADDRESS & CONTACT DETAILS:			
Street	KK 145 st	City	Kigali
Zip Code	0000	District / State	Gasabo
Country	Rwanda	Email address	info@rwema.com
WORK ASSIGNMENT:			
Description of work assignment	Internship	Location of work assignment	Geneva, Switzerland.
Expected dates, from:	06/05/2024	To	31/08/2024

### 2. TO BE COMPLETED BY THE ATTENDING PHYSICIAN

Instructions: This medical examination is to assess the individual's general state of health in accordance to his/her medical history, and his/her ability to travel, if required, and to perform the work assignment. N.B.: For drivers, this medical examination will also include visual tests. Please ensure that vaccinations are up-to-date, and that malaria prophylaxis is prescribed if needed and in line with WHO recommendations (<http://www.who.int/ith/en/>).

Mr / Mrs / Miss BAGIRISHYA RWEMA DOMINIQUE has been examined by me. He/she has been found fit to [travel and] perform the work assignment, and the required inoculations and prophylactic medicines for the country to which he/she is required to travel have been done and / or prescribed as applicable.

Name of the attending physician who examined the individual: Dr HABİYAMBERE Antoine

Address: BELLA VITAE MEDICAL CLINIC  
KIGALI - RWANDA

Date: 18/03/2024

Signature: [Signature]

Doctor's Stamp: [Stamp]

Dr HABİYAMBERE Antoine  
RMDC: 2575  
TEL: 0783146512  
GENERAL PRACTITIONER

### 3. TO BE COMPLETED BY THE INDIVIDUAL

I, Mr / Mrs / Miss BAGIRISHYA RWEMA DOMINIQUE hereby declare that all information provided by me in the context of the above medical examination is true and complete to the best of my knowledge. I understand that a false statement or a material omission, in particular a failure to disclose a known physical and/or psychological condition, including conditions under investigation, may result in the cancellation of the contract and/or the withdrawal of any offer of a contract with WHO.

I further understand that, if any new medical condition or a substantial change in an existing medical condition, appears during the period of validity of this Medical Certificate of Fitness for Work, or if the location of the work assignment changes, it is my responsibility to inform my attending physician and to provide the responsible WHO Technical Unit with a new Certificate of Fitness for Work.

Date: 18/03/2024

Signature: [Signature]