

VOCATIONAL EDUCATION AND TRAINING AUTHORITY

MEDICAL EXAMINATION FORM

Date

The Medical Officer

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REQUEST FOR MEDICAL EXAMINATION:

Trainee Name

Please Examine the above named trainee to his/her fitness to undergo training and subsequently work as a/an

Eyesight

Hearing

Asthma

Other serious diseases

MEDICAL CERTIFICATE:

I have examined the above named and consider that he/she is physically fit/unfit for training as above.

Date Designation

Signature and Official stamp