

CERTIFICATE OF FITNESS

(To be completed by examining doctor)

This is to certify _____, _____,
(Name) (NRIC / Passport No)
is physically & mentally fit to undergo the following course(s) in
Singapore Civil Defence Force.

Name of Course(s): _____

Signature & Stamp of Doctor : _____

Name of Doctor : _____

Name of Hospital / Clinic : _____

Address of Hospital / Clinic : _____

Telephone No : _____

Date : _____