

Medical certification

WRITTEN DECLARATION

I the undersigned, Dr. _____ herewith certify that I am acquainted with Mr./Ms. _____ ID no. _____ and that to the best of my knowledge and after I asked him about his health, illnesses, hospitalizations and physical disabilities in the past and in the present and according to an examination I performed, there is nothing in his physical, mental and health condition that may prevent him/her from participating in the practical studies that take place in the trainers and instructors school or its branches.

Locale: _____ Signature: _____

Date: _____ Stamp: _____

STUDENT'S DECLARATION

I herewith declare that all the details I entered in the registration form are correct. I know that false reporting on the registration form or its accompanying forms may disqualify my candidacy for these studies.

I herewith certify that my registration is subject to all the rules and regulations of the trainers and instructors school.

Date: _____ Name: _____ Signature: _____