



Medical Declaration Cover Letter

Date: _____

Worker Reference No. (if known) _____

To Be Completed By The Applicant

1. Name: Date of Birth _____

2. Employer: _____ Post Applied For _____

3. Purpose of Medical: _____

To Be Completed By Medical Examiner

Dear Sir/Madam,

This is to certify that I have examined _____ on _____

The applicant is _____ and _____ form of communicable or mental disease that would make that person a danger to the community.

Sincerely,

Name of Medical Examiner: _____

Place of Medical Examination: _____

Job Title: _____

Address: _____

Telephone: _____

E-Mail: _____

I declare the information contained in this document to be correct to the best of my knowledge and belief and I am aware that it is a criminal offence to make a statement or representation that is false in a material fact which I know to be false or do not believe to be true.

Signature _____



Official
Stamp