

Medical Declaration Form

EMPLOYEE DETAILS	
SURNAME	
FIRST NAME	
DOB	
GENDER	
ADDRESS	
MEDICAL DATE	
NAME OF CLINIC	

COMMENTS	
-----------------	--

AUTHORITY		
<p>At the time of signing, I confirm the above-named employee has undertaken the fit for work requirements by an authorised medial practitioner and has been deemed medically fit to undertake duties in accordance with project requirements.</p> <p>By signing this document, I confirm that I can produce documentation to support this declaration if or when required.</p>		
AUTHORISED MANAGER NAME	AUTHORISED MANAGER SIGNATURE	DATE