

LIFEGUARD'S HEALTH CERTIFICATE

NAME:

LAST NAME:

FATHER'S NAME:

DATE OF BIRTH: / /

EXAMINATION PURPOSE: CAPABLE OF TRAINING AS A LIFEGUARD & PRACTICE THE PROFESSION OF LIFEGUARD.

It is certified that the person concerned has been examined by the following doctors and is found to be mentally healthy, not suffering from a contagious disease and medically fit to receive training as a Lifeguard and practice the profession of Lifeguard.

PSYCHIATRIST	HEALTH: YES - NO (Circle accordingly) DATE/...../.....	SIGNATURE - STAMP
DERMATOLOGIST	HEALTH: YES - NO (Circle accordingly) DATE/...../.....	SIGNATURE - STAMP
PATHOLOGIST or GENERAL PRACTITIONER	HEALTH: YES - NO (Circle accordingly) DATE/...../.....	SIGNATURE - STAMP
CARDIOLOGIST	HEALTH: YES - NO (Circle accordingly) DATE/...../.....	SIGNATURE - STAMP