

Medical Certificate of Fitness

I, a medical professional residing at
 checked residing at
and report the following concerning him/ her, the undersigned.

- I. Vision and hearing.....
- II. Epilepsy or sudden lightheadedness or fainting.....
- III. Whether there is any weakness concerning the function, control or muscle strength of an arm , leg
- IV. Does he/ she suffer from a physical or mental illness? Or whether he / she has an infirmity which would make his/ her use of a firearm dangerous.....
- V. The applicant does not have a physical or mental incapability to use a firearm.

.....
 Signature of Applicant

.....
 Medical Professional*

N.I.C. No.....

Date

*Certificate shall be accepted only from a government medical officer registered under the Medical Ordinance.