



**KUMASI CENTRE FOR COLLABORATIVE RESEARCH IN TROPICAL MEDICINE**

**CERTIFICATE OF FITNESS**

This is to certify that I have on this day ...../ ...../ 20.....  
examined Prof./Rev./Dr./Mr./Mrs./Miss .....

I therefore consider him/her medically **FIT/UNFIT** for employment.

.....

Name of Examining Physician

.....

Signature & Stamp of Examining Physician