

CERTIFICATION OF MEDICAL FITNESS – CIVILIAN INSTRUCTOR

Last Name	First Name	Service Number

The above named individual is applying to be employed with the Canadian Cadet Movement as a Civilian Instructor. As part of the employment process, this individual is required to demonstrate that he/she is in good health and fitness.

Doctor's Certification

I hereby certify that in my opinion the above named individual is medically fit to carry out the duties of _____ at

(Name of Cadet Summer Training Centre or Unit)

Comments:

(Date)

(Signature and Stamp of Examining Physician)

Note: Any costs associated with completing this form are the responsibility of the Civilian Instructor in accordance with Pacific Region Cadet Instruction 215.