



## E-Med-Track

**Subject: Certificate of fitness- (to be filled in by examining physician)**

***Please write in clear capital letters.***

***This certificate of fitness is based on OGUK guidelines.***

I, Doctor..... , do hereby certify that Mr/ Miss / Mrs (Last name, first name) ..... , born on (dd/mm/yy) ..... , underwent a Med-Track physical on (dd/mm/yy) ..... ,

and is medically:

- ☐ Fit without restrictions in the oil and gas industry
- ☐ Fit but is restricted for the following activities .....  
.....
- ☐ UNFIT to work in the oil and gas industry

Examining physician's name: .....

Examining physician's signature: .....

Examining physician's address: .....  
.....  
.....  
.....

Phone: .....

Fax: .....

Email: .....

***Please write in clear capital letters.***

Stamp of the medical facility