

Medical Declaration Cover Letter

Date: _____

Worker Reference No. (if known) _____

To Be Completed By The Applicant

1. Name: Date of Birth _____
2. Employer: St. Matthew's University Post Applied For Student body
3. Purpose of Medical:

To Be Completed By Medical Examiner

Dear Sir/Madam,

This is to certify that I have examined _____ on _____

The applicant is of good health and does not suffer from any form of communicable or mental disease that would make that person a danger to the community.

Sincerely,

Name of Medical Examiner: _____

Place of Medical Examination: _____

Job Title: _____

Address: _____

Telephone: _____

E-Mail: _____

I declare the information contained in this document to be correct to the best of my knowledge and belief and I am aware that it is a criminal offence to make a statement or representation that is false in a material fact which I know to be false or do not believe to be true.

Signature _____

