

Municipal Licensing and Standards  
Carleton Grant, Executive Director

East York Civic Centre  
850 Coxwell Avenue, 3<sup>rd</sup> Floor  
Toronto ON M4C 5R1

Tel: 416-392-6700  
Fax: 416-392-4515  
www.toronto.ca/licences  
mlsbusinesslicence@toronto.ca

## **CERTIFICATE OF MEDICAL FITNESS**

Valid for 30 days from Examination date

### **Client / Patient Information:**

**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

This is to certify that I examined the above named person on \_\_\_\_\_  
Date

and I am in the opinion that he/she:

Is medically free from any communicable or transmissible diseases.

**Signature of Physician:** \_\_\_\_\_

Physician's Stamp

Physicians Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**FORM MUST BE STAMPED BY PHYSICIAN**