

# MEDICAL CERTIFICATE

The undersigned .....

Doctor of Medicine, says that: .....

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**Is physically able to follow specific security guard training and possibly perform physical activities related to the profession such as:**

- Running round control, preventive missions damage (temperature heating, water leakage, fire ...) and /or vandalism in the company or institution to monitor
- Working hours of day and night
- Flexible work hours with break and/or call or last minute mission
- Static position and standing for several hours
- Benefits to video or computer screens
- Answers to phone calls
- Handling of minor works related to the function
- Internal and external services in all weather conditions
- Individual performance or group
- Benefits from or out of the public
- Supply people control
- Supply with dog
- Practical exercises and self-defense techniques
- Driving a car
- Stress and physiological reaction

And carrier of any contagious disease.

**Medical examinations undergone :**

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Done at .....

The .....

Signature : .....

