Form H

Medical Certificate of Fitness

I, ……..... a medical professional residing at …….. checked ……. residing at ……and report the following concerning him/ her, the undersigned.

I. Vision and hearing……
II. Epilepsy or sudden lightheadedness or fainting……
III. Whether there is any weakness concerning the function, control or muscle strength of an arm , leg ……
IV. Does he/ she suffer from a physical or mental illness? Or whether he / she has an infirmity which would make his/ her use of a firearm dangerous……....
V. The applicant does not have a physical or mental incapability to use a firearm.

…… ……...
Signature of Applicant Medical Professional*

N.I.C. No…… Date ……..

*Certificate shall be accepted only from a government medical officer registered under the Medical Ordinance.