

Surname:

First Name:

Mauritania and Senegal Fitness for Task Certificate

This is to certify that (Employee Full Name): _____

Completed a High Risk Expatriation/Rotational medical for Mauritania and Senegal on (date): _____

Employee has been found:

☐ Medically Suitable

☐ Medically Suitable with Restrictions

☐ Medically Unsuitable

On (date): _____

Expiry date of medical: _____

Examining Physician's details, signature & stamp

Medical center name:

Examining Physician's
name and surname:

Street address:

Phone number:

Email:

Examining Physician's
Signature

Date (DD/MM/YYYY)

Examining Physician's Stamp