

Certificate of Medical Fitness

(Business Licensing)

Corporate Services
Enforcement Division
Compliance and Licensing Enforcement
3235 Mavis Road
Mississauga ON L5C 1T7
Tel: 905-615-4311 Fax: 905-615-3374
mississauga.ca/enforcement



Personal information on this form is collected under authority of the City of Mississauga Adult Entertainment Establishment Licensing By-law 507-05, and will be used for the purpose of issuing an attendant licence. Questions regarding the collection of this information should be directed to the Manager, Compliance and Licensing Enforcement, Tel. 905-615-3200, ext. 5489.

IMPORTANT NOTICE

This Certificate of Medical Fitness will not be accepted if not fully completed and/or if not signed by the examining physician. Return this Certificate with your completed Application.

Section One

To be completed by the applicant prior to visiting physician

Applicant's Name: Last		First
Address: Street Number	Street Name	Apt./Unit #
City	Province	Postal Code
Home Phone #	Date of Birth (year/month/day)	

Section Two

To be completed by the examining physician

Attendant's Licence

This is to certify that I have examined the above mentioned person on

Y	Y	Y	Y	M	M	D	D		

I am of the medical opinion that **he** **she** is medically free from any communicable diseases.

Dear Attending Physician:

Please ensure that your patient has completed ALL of Section One prior to you signing this document. Patient information cannot be added by the patient after the examination. Thank you.

If you have any questions, do not hesitate to contact Business Licensing at 905-615-4311.

Examining Physician's Name _____
Address _____
Business Phone _____

Signature of Examining Physician

Y	Y	Y	Y	M	M	D	D		

Section Three (for office use only)

Received	Staff Initials
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