Certificate of Medical Fitness

Community Services
Licensing, Permits & Regulatory Services
950 Burnhamthorpe Road West
Mississauga ON L5C 3B4
Tel: 905-615-4311

MISSISSAUGA

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 about the collection of this information should be directed to the Manager, Licensing, Permits & Regulatory Services, City of Mississauga, Tel. 905-615-3200, Ext. 4842 or 311.

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 (YYYY MM DD)			

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 _____ (YYYY) _____ (MM) _____ (DD)

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 _____ _____ (YYYY) _____ (MM) _____ (DD)

Section Three (for office use only)

Received _____ Staff Initials _____

PRINT