



مدرسة الآفاق الحديثة ذ.م.م. NEW HORIZON SCHOOL W.L.L.

Medical Fitness Certificate

To Whomsoever It May Concern

This is to certify that Master / Miss

CPR No _____ has been examined by me and been found physically fit to attend School.

Name of Registered Health Practitioner _____

NHRA Licence Number _____

Signature _____

Date _____