Certificate of Medical Fitness

(Business Licensing)

City of Mississauga
Transportation and Works Department
Enforcement Division, Business Licensing
300 City Centre Drive, Ground Floor
Mississauga ON L5B 3C1
Telephone: 905-615-4311
Business Hours Monday to Friday: 8:30 a.m. to 4:00 p.m.
www.mississauga.ca/enforcment

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 regarding the collection of this information should be directed to the Manager, Compliance and Licensing Enforcement, 300 City centre Drive, Mississauga ON L5B 3C1, telephone 905-615-3200, ext. 5676.

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 _____ (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