

Self-Declaration of Health Fitness

*In view of the current Covid-19 pandemic situation, Brunei Medical Board has waived the requirement for submission of **valid medical fitness certificate** for the Application for Renewal of Annual Practising Certificate for Year 2022, to whom it is applicable.*

As a measure to ensure patient and public safety, and in the temporary absence of a valid medical fitness certificate, you are requested to provide a self-declaration of the state of your health fitness as part of your application for Renewal of Annual Practising Certificate for year 2022.

- I hereby declare that I am of good and sound physical and mental health at present, to the best of my knowledge. I do not have any physical disability or deformity or suffer from any serious illness/disease nor have I had any operation, accident or injury during the last one-year period, that may affect my ability to practise safely as a registered health care practitioner.
- I agree to accept full responsibility for any omissions and consequences that may arise, in disclosing and declaring my existing or past health conditions that may affect my ability to practise safely.
- I hereby authorise the Brunei Medical Board, Ministry of Health, Brunei Darussalam, to verify any information deemed necessary to conduct the verification of the information and declaration provided.
- I hereby grant the authority for the bearer of this letter, with immediate effect, to release all necessary information to the Brunei Medical Board and I understand that my authorization will remain effective for a period of one year and that the information will be handled confidentially in compliance with all applicable laws.
- I hereby release all persons or entities requesting or supplying such information from any liability arising from such disclosure. I am willing that a photocopy of this self-declaration be accepted with the same authority as the original.
- I have read and understand the nature of this release.

Personal Details

- 1 Full Name of Practitioner : _____
- 2 Passport/ Identity Card Number : _____
- 3 Date of Birth : _____
- 4 BMB Registration Number : _____

Signature

Date