



P.O. BOX 325, 64 Regent Street, Belize City, Belize, C.A.

BTB FORM: TGU04-0520

Tour Guide Medical Certificate

DATE / /
DAY MONTH YEAR

PATIENT'S NAME: _____

AGE: _____

SEX: _____

DATE OF BIRTH: / /
DAY MONTH YEAR

This is to certify that I have examined the above-named patient on the ____ day of _____, 20 ____ and confirm that he/she has been found to be fit/unfit to perform the duties* of a Tour Guide.

Certified by

Medical Practitioner's name and stamp

(N.B. * General duties of a tour guide include but not limited to swimming/diving [2hrs per day], Loading/unloading equipment [45 lbs. per unit], ascending/descending Maya ruins [300 steps], brisk walking/trail hiking)